



City and County of the City of Gloucester.



**ANNUAL REPORT**  
OF THE  
**MEDICAL OFFICER OF HEALTH**  
FOR THE  
**CITY AND PORT OF GLOUCESTER**  
AND  
**PRINCIPAL SCHOOL MEDICAL OFFICER**  
FOR THE YEAR 1964

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*With the compliments of the Medical Officer of Health*



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## HEALTH COMMITTEE

1963/64

Chairman:

Alderman R. E. H. Moulder

Deputy Chairman:

Alderman Mrs. L. R. Langdon

Members:

The Mayor (ex-officio)  
Alderman G. A. H. Matthews  
Alderman F. Phelps  
Councillor D. C. Frape  
Councillor I. C. Pritchard  
Councillor V. S. Waters  
Councillor Mrs. F. S. Creese  
Councillor J. L. Morgan  
Councillor A. Ross  
Councillor P. J. Cook  
Councillor N. W. Gillett  
Councillor C. Leslie Smith  
Councillor B. A. Cripps  
Councillor W. Gannon

### NATIONAL HEALTH SERVICE

#### SUB-COMMITTEE

The whole of the Members of the Health Committee with the addition of the following co-opted Members:

Dr. G. C. C. Wharton  
Dr. J. P. Dymoke  
Mr. M. J. Bartlett, L. D. S., R. C. S.  
Mr. W. H. Gingell  
Mrs. K. Heal, S. R. N.  
Mrs. H. F. Etheridge  
Mrs. E. M. White  
Miss V. M. Dover, S. R. N.  
Mrs. E. Eggleton  
Mrs. E. Phelps  
Mrs. V. G. Lawson  
Mrs. R. Layton  
Mrs. M. E. Armitage

1964/65

Chairman:

Alderman R. E. H. Moulder

Deputy Chairman:

Alderman Mrs. L. R. Langdon

Members:

The Mayor (Ex-Officio)  
Alderman G. A. H. Matthews  
Alderman F. Phelps  
Councillor D. C. Frape  
Councillor H. A. T. Rich  
Councillor I. C. Pritchard  
Councillor V. S. Waters  
Councillor Mrs. F. S. Creese  
Councillor A. Ross  
Councillor P. J. Cook  
Councillor N. W. Gillett  
Councillor C. Leslie Smith  
Councillor B. A. Cripps  
Councillor W. Gannon

### NATIONAL HEALTH SERVICE

#### SUB-COMMITTEE

The whole of the Members of the Health Committee with the addition of the following co-opted Members:

Dr. G. C. C. Wharton  
Dr. J. H. Lister  
Mr. M. J. Bartlett, L. D. S., R. C. S.  
Mr. W. H. Gingell  
Mrs. K. Heal, S. R. N.  
Mrs. H. F. Etheridge  
Mrs. E. M. White  
Mrs. E. Eggleton  
Mrs. E. Phelps  
Mrs. V. G. Lawson  
Mrs. R. Layton  
Mrs. M. E. Armitage

## HEALTH OFFICERS OF THE AUTHORITY

P. T. REGESTER, M. R. C. S. , L. R. C. P. , D. P. H., Medical Officer of Health, City and Port of Gloucester, Principal School Medical Officer, Medical Officer of Over Hospital.

M. MARY GUEST GRAY, B. Sc. , M. B., B. Ch., D. P. H. , Deputy Medical Officer of Health City and Port of Gloucester, Deputy Principal School Medical Officer. (Commenced 10th February 1964)

PHILIP E. ELWOOD, M. B., Ch. B., B. A. O., D. P. H., Assistant Medical Officer of Health, School Medical Officer.

F. J. D. KNIGHTS, M. R. C. P., and R. H. ELLIS, M. R. C. P., Chest Physicians. Mr. H. A. HAMILTON, F. R. C. O. G., and Mr. E. M. EDWARDS, M. R. C. O. G., Consultant Obstetricians. Part-time, by arrangement with the South Western Regional Hospital Board.

DRS. R. B. BARNES, P. G. CRONK, J. M. DANCE, J. GREENE, A. J. S. JAMES, N. LEWIS, G. C. MATHERS, W. MURRAY, J. V. ROSE, and G. A. RUSSELL, Medical Officers, Infant Welfare Centres, part-time.

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J. P. WILSON, L. D. S., R. C. S. , Principal School Dental Officer.

A. J. LANE, L. D. S., R. C. S. , School Dental Officer.

R. G. BOODLE, L. D. S., J. R. COND, B. D. S., D. J. EDWARDS, B. D. S., MRS. E. R. GLOWERY, B. D. S., I. M. PATERSON, B. D. S., and N. TIBBITTS, School Dental Officers, part-time.

L. V. MARTIN, M. B., B. S., F. F. A., R. C. S., D. A., Consultant Anaesthetist. Miss A. ABADEE, Dental Auxilliary.

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E. G. WHITTLE, B. Sc., F. R. I. C., Public Analyst, part-time.

I. DEMBREY, B. Sc., F. R. I. C., Assistant Public Analyst, part-time.

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Public Health Inspectors: Messrs. R. I. WILLIAMS (Chief and Port Health Inspector), G. W. ALEXANDER (Senior and Assistant Port Health Inspector): J. M. BAIRDS (commenced 1st December 1964), E. A. BLUNDELL, S. GRIMSHAW, A. E. LEWIS, D. LODGE, R. C. UPHAM, and R. E. WORKMAN.

Health Visitors: Miss F. COLLINS (Superintendent Nursing Officer), The Misses A. J. BLOORE, E. M. GARRETT(\*), C. JONES, J. MACNAMARA, A. E. NEWMAN, R. S. ROUTLEDGE, P. M. TAYLOR, E. S. VIDAL and the Mrs. H. E. ARTHUR (Commenced 2nd November 1964), G. M. ATKINSON, J. M. M. BROOKS (Commenced 1st January 1964), D. G. GORDON-WILSON (Commenced 19th October 1964), E. M. B. JAMES (Commenced 19th October 1964) R. O'GORMAN (Commenced 1st April 1964), E. SHORE-NYE, J. TANNER and I. M. WATHEN.

(\* Ante-Natal Clinic Superintendent)

R. B. STEPHENS, B. Sc., M. P. S. , Chief Pharmacist and Medical Supplies Officer, Miss J. HALL, S. R. N., Q. N., P. S. W., Psychiatric Social Worker.

Miss G. GAPPER and Miss E. M. HARDING, Home Teachers for the Blind.

Mrs. L. ARCHARD, L. C. S. T., Speech Therapist.

L. J. RUST, Chief Ambulance Officer.

H. J. HARVEY, Lay Administrative Officer.

## HEALTH SERVICES

Health Department, Priory House, Greyfriars  
(Telephone 24416-7)

### CLINICS AND CENTRES

#### Relaxation Classes

Charles Cookson Clinic,  
Great Western Road  
(Telephone 23253)

By appointment.

#### Ante and Post Natal Clinics

Charles Cookson Clinic,  
Great Western Road  
(Telephone 23253)

Nurses' and Doctors'  
Sessions by appointment.  
Booking Monday, 9. 30a. m.

#### Health Centre

20 Longsmith Street (Telephone 27217)

#### Training Centres

Junior Training Centre,  
Longford Lane (Telephone 22637)  
Senior Training Centre,  
Archdeacon Street (Telephone 22591)

#### Infant Welfare Centres

Trinity Baptist Church Sunday School,  
Selwyn Road  
Charles Cookson Clinic.  
St. Stephen's Church Hall, Linden Road  
St. Hilda's Church Hall, Matson.  
Podsmead Church Centre, Shelley Ave.  
St. George's Hall, Lower Tuffley  
St. Michael's Hall, Lower Tuffley  
Tyndale School, Stratton Road  
Church Hall, Coney Hill  
Elmscroft Community Centre, Barnwood Road  
11 Barton Street

Tuesday, 2. 0 p. m.

Tuesday, 2. 0 p. m.

Wednesday, 2. 0p. m.

Wednesday, 2. 0p. m.

Alternate Wednesdays, 2.0p.m.

Alternate Thursdays, 2. 0 p. m.

Alternate Thursdays, 2. 0 p. m.

Friday, 2. 0 p. m.

Friday, 2. 0 p. m.

Friday, 2. 0 p. m.

Friday, 2. 0 p. m.

#### General

Chest Clinic, Gloucestershire Royal  
Hospital, Great Western Road  
Tuberculosis Immunisation Clinic  
Immunisation against Diphtheria,  
Whooping Cough, Smallpox and Poliomyelitis

By appointment.

By appointment.

At all Infant Welfare  
Centres; and at School  
Clinic, Friday, 2. 30 p. m.

### SCHOOL HEALTH SERVICE

School Minor Ailment Clinics are held as follows:

School Clinic, 15 Brunswick Road  
(Telephone 20734)

Monday and Friday  
morning.

Also at the following schools:

Open Air, Coney Hill, and Longford Special School.

#### School Dental Clinic

Ivy House, Barton Street  
(Telephone 20436)

By appointment  
(except for emergencies)

#### Speech Therapy Clinic

School Clinic, 15 Brunswick Road  
(Telephone 20734)

By appointment.



Child Guidance Clinic

Maitland House, Spa Road  
(Telephone 26319)

By appointment.

Medical provision for all other physical disabilities is made in association with the local hospitals.

AMBULANCE SERVICE

Ambulance Station, Eastern Avenue (Telephone 25055-6)



Health Department,  
Priory House,  
Greyfriars,  
Gloucester.

To The Mayor, Aldermen and Councillors  
of the City of Gloucester.

I have the honour to present my Annual Report for 1964.

Although some wiseacres of the past might perhaps have predicted that the field of preventative medicine would by mid-century have diminished to the proportions of a window box, I am pleased to say that there is no sign of this happening. In fact, in most directions there is an expansion of work.

These same misguided and misbegotten prophets would probably have predicted that the Sanitary Inspector, as he was then called, would be the earliest candidate for redundancy as we passed in the early decades of this century from the sanitary era to the era in which we are still living, the era of personal services. I think that the present year gives us a fine illustration of this very point for at no time, I would say, has there been greater pressure on the environmental services and at no time have they been of greater importance. It would be a very foolish Medical Officer of Health who thought that he could too lightly disregard his work in this province.

The traditional duties of the Public Health Inspector are still with us - there are still slums and houses for clearance, and in many parts of the country it is quite obvious that the rate of decay of unfit houses and the rate of growth of slumdom is greater than the increase of housing accommodation. There is still overcrowding, and there is a new sort of problem, or rather a problem with a new sort of name - houses in multiple occupation. Adulteration of food still occurs. Perhaps not as gross and as blatant as Accum found in the middle years of the last century but still very much barefaced and flagrant. And so on. Added to these are the new duties covering clean air, noise abatement and the supervision of the whole gamut of waste products which issue from our industrial civilisation. On the one hand the additives to food and milk are legion, on the other hand there is the ever-changing and ever-increasing usage of pesticides and antibiotics to protect crops and animal life on the farm. All these new additions to our food technology are very necessary and no one, I think, could dispute it, but it does require a constant vigilance on the part of officers at both central and local levels.

Turning to food inspection, what do we find? In Gloucester the number of carcasses inspected by the Public Health Inspectorate has risen from 105,746 in 1962 to 148,242 in 1964. This is a most important part of the work and very time-consuming, but, in the opinion of many authorities, still not carried out with sufficient intensity, especially as regards bacterial standards.

We are used nowadays to seeing food neatly packaged, and too often the public think that this is done solely in the interests of food hygiene. Although in certain fields hygiene can be said to be good business, the public should be aware that all wrapped food is neither fresh nor wholesome nor necessarily hygienic. Often it is camouflage; often it is done because packaging is profitable.

Hygiene is a word with a rather old-fashioned ring about it, almost moralistic. I suppose this is because it requires a disciplined attitude of mind. In some ways our hygiene habits have improved. For instance, one no longer sees "Do Not Spit" notices everywhere. Some food shops - alas not all - do, however, display notices concerning dogs, and the fact that they are almost universally disregarded shows not only how apt such notices are, but also how far there is to go in instructing people in elementary notions of hygiene. People still smoke when they prepare food - and the appearance of a cigarette end in a product is the common manner in which it is brought to the attention of the Health Inspectorate. People still prepare food with a wet, dirty bandage on their finger, and this again is a not uncommon source of prosecutions. Such instances can be multiplied endlessly. The Public Health Inspectorate cannot swoop on every case. Obviously, it is up to the public. To the public and the traders.

There are traders in this City and in every city who are persistent offenders against the ordinary decent codes of food handling. One trader concerned with the preparation of food in this City in the year 1964 found one of his staff suffering from a communicable gastro-intestinal infection which is notifiable by law. His only action besides keeping his employee at work was to send out to the local chemist for a bottle of medicine. It is only the vigilance of the Public Health Inspector which can guard the public against this sort of thing.

Further weight was put on the Inspectorate this year by the coming into force on 1st May and 1st August of the Offices, Shops and Railway Premises Act of 1963, which has imposed a good deal of extra work on the Inspectors. It attempts to gain for workers in offices and shops the same sort of environmental standards as factory workers achieved some thirty years ago, having regard, of course, to the different nature of the work.

A new departure for the Smoke Inspector during the year was an attempt to assess the degree of pollution by diesel and other vehicular traffic. Surprisingly, very few assessments of this sort have been carried out up and down the country, although the harmful effects of diesel fumes have been known for many years. Perhaps, as the problem is more and more exposed, legislation will do something to abate this harmful nuisance.

The latest environmental hazard is, of course, the radioactive one and up till recently it has been possible for the public health authorities to rely upon the efforts of the staff at Berkeley and Oldbury Power Stations to measure and to limit any danger from this hazard. However, radioactive materials are becoming increasingly widespread and are even entering into common use in schools and technical colleges. It therefore behoves all of us in the public health field to maintain an awareness of the hazard without, however, blowing it up into false dimensions.

Another service in which we can perceive a changing pattern is the Maternity Service. For some years now the numbers of domiciliary confinements have been steadily dropping, whilst those in hospital show the contrary tendency to a remarkable degree. This same tendency is reflected in Gloucester and we have the picture of annual admissions in the City Maternity Hospital in the year 1964 approaching the figure of 2,500. Over sixty per cent



of City births are now in hospital and over thirty per cent of these City births come under the heading of "early discharges", that is, the mothers are discharged in 48 hours or less after the birth of their child. Now, all this has made for a very high bed occupancy and this generally is a thing which gladdens the hearts of hospital authorities. However, so far as the Maternity Services are concerned (for this problem is a national as well as a local one) the increase of work has in no way been matched by the increase of staff. In fact, in the City Maternity Hospital in 1951 there were 896 births, in 1955 999 births, in 1962 1,732 births, and 1964 almost 2,500 births, but the staff increase between the first and the last year is in real terms no more than three persons. During the year in order to try to boost the staffing at the City Maternity Hospital, the Gloucester District Nursing Society and the Hospital Management Committee embarked on a pilot scheme whereby the domiciliary midwives went into hospital for the confinement of their cases, who were due for early discharge, with the aim of following them out into their own homes within 24 or 48 hours of their being delivered. The pilot scheme showed that this system was unlikely to work for a whole variety of reasons if it were to be extended, but the aim to create a unified Maternity Service (unified, that is, from the patient's point of view) is still being pursued, the idea now being that we must bring into the picture a new sort of midwife who can be jointly employed by both the Hospital and the District Authorities and who can deliver the mother in hospital and can later care for her when she returns to her own home.

The rapidly expanding services are, of course, those for the aged and those for the mentally ill. The Local Health Authority's Chiropody Services in this City are entirely devoted to the care of the aged and we are now employing the equivalent of a whole-time Chiropodist, yet still the work grows. The Health Committee during the year decided to greatly increase the Home Help Service, while at the same time modifying its scale of charges so that a free service was available to more persons than previously.

Early in the year the Health Committee set up its own Adult Training Centre, the trainees having previously been transported to the Cheltenham Centre in Hester's Way. Although the staff are enthusiastic and there is good work being done in this Centre, it was realised by the Committee that new, purpose-built premises would soon be desirable and this has, in fact, been included in the Health and Welfare Development Programme.

A great area for extension is co-operation between the Health Department and general practitioners. This can only be fruitful if both sides recognise the difficulties of the other and are prepared to adjust mutually their fields of interest. During the year we saw the very successful pilot attachments of the Psychiatric Social Worker to two group practices and the centreing of district midwives on three groups. As well as extending these, it is expected that we shall be arranging liaisons of a somewhat different sort with the health visitors.

I think it would be pertinent for me to draw to your attention the setting up of two new voluntary bodies during the year. The first is the Gloucestershire Association for Mental Health which is affiliated to the National Association for Mental Health, a very old-



established and well-known body which has done much to change the climate of opinion about mental health on a national scale. Already our local Association is thriving and there can be no doubt that it will have a very successful future to the benefit of all concerned.

Secondly, in 1964 we also saw the establishment of the Gloucestershire Council on Alcoholism which itself is affiliated to the National Council on Alcoholism, and this in contradistinction to the previous body is a very new one. In fact, in relation to this one could say that the public needs as much educating today about alcoholism as it did thirty to forty years ago about mental disease. In this locality the Council is run by a very able Secretary and I think it has been a surprise to us all the number of cases which have come to light and the sheer misery that exists in the problem not only for the sufferer himself or herself, but for the whole family. It is fortunate that so many people, doctors and laymen, are nowadays applying themselves to the problem. We all know, however, that it will take many years before the public become aware of it as a natural condition with a natural history requiring treatment and medical and social care. To this, as to many diseases throughout the centuries, clings the stigma of sin and retribution. The Health Department feels itself very closely involved with the work of the Council and a very good liaison is being maintained between the Council and the officers of the Health Authority to the benefit of both. Interesting figures showing the incidence of alcoholism in the area covered by the Association are given in the body of the Report.

This brings one quite naturally on to the subject of health education and it is in this sphere that one hopes the Department will be able to make great strides in the next few years. Towards this end, in fact, it might be necessary in future years to change the material in the Annual Report so that there will be two sections, the first containing the general material which could reach a wider public in the City, relegating to the second half all the statistics, into which latter portion the mathematically inclined may venture.

Turning to staffing matters, I have to record firstly the tragic death of Mr. Mayo, who was for many years the Pharmacist in the Barton Street Health Centre and towards the end of his life in the Longsmith Street Health Centre. He was a quiet and unassuming man who gave great service to the Corporation over a long period and his loss was much felt by his colleagues.

Another death which took us all by surprise was that of Mr. Sidney Carpenter, "Sid" as he was known to everybody in the Department. It was only after he had gone that we realised the immense amount of work that he managed to pack into one day. His cheerful presence was missed by all and our condolences go out to his widow.

The year 1964 was the final year of Mr. Harvey's service with the Authority and the Department. This service had been extended for one year at my own special request because I felt that I could not be without Mr. Harvey's valuable services in my own first year of office. Of course, Mr. Harvey was quite indispensable to me.

His lively mind and his very extensive knowledge of Gloucester is something for which we have no replacement. However, he has a lifetime of hard work behind him and there is not one of us in the Department who does not wish him a very happy retirement.

I am,  
Your obedient Servant

P. T. REGESTER,  
Medical Officer of Health,  
Principal School Medical Officer  
and Port Medical Officer.

SECTION A  
STATISTICAL CONDITIONS OF THE AREA  
General Statistics - 1964

Area (Estimated)	5347 acres
Estimated Home Population	71,650
Area Comparability Factors	Births 0.99 Deaths 1.09
Rateable Value, 1st April, 1965	£2,681,078
Sum represented by a Penny Rate (estimated)	£11,250

Vital Statistics for 1964

<u>Live Births</u>	<u>Males</u>	<u>Females</u>	<u>Total</u>	
Legitimate	680	692	1,372	Rate per 1,000 of the estimated resident population: 21.6
Illegitimate	93	84	177	
	773	776	1,549	
<u>Stillbirths</u>	11	11	22	Rate per 1,000 (live and still)births: 14.0
<u>Deaths</u>	405	396	801	Death rate per 1,000 of the estimated resident population: 11.2
<u>Deaths from Pregnancy, Childbirth, and Abortion</u>			1	
<u>Death Rate of Infants under One Year of Age:</u>				
All infants per 1,000 live births (total = 39)			25.2	
Legitimate infants per 1,000 legitimate live births (total = 35)			25.5	
Illegitimate infants per 1,000 illegitimate live births (total = 4)			22.6	
<u>Deaths from Gastritis, Enteritis and Diarrhoea (under 2 years of age):</u>			Nil.	



VITAL STATISTICS - 1955-1964

Live Births

Year	Legitimate		Illegitimate		Total	Rate per 1,000 of the Estimated Resident Population	
	Male	Female	Male	Female		Gloucester (unadjusted)	England and Wales
1955	520	500	23	30	1,073	15.9	15.0
1956	585	518	32	31	1,166	17.3	15.7
1957	524	559	41	31	1,155	17.0	16.1
1958	590	551	28	36	1,205	17.6	16.4
1959	587	576	52	39	1,254	18.4	16.5
1960	669	584	42	46	1,341	19.5	17.1
1961	638	637	38	51	1,364	19.5	17.4
1962	649	626	70	49	1,394	19.9	18.0
1963	683	658	79	84	1,504	21.2	18.2
1964	680	692	93	84	1,549	21.6	18.4

Stillbirths

Year	Male	Female	Total	Rate per 1,000 total (live and stillbirths)
1955	5	11	16	14.7
1956	12	14	26	22.3
1957	10	10	20	17.0
1958	16	15	31	25.7
1959	16	11	27	21.0
1960	15	22	37	27.6
1961	9	21	30	21.5
1962	15	14	29	20.3
1963	11	11	22	14.4
1964	11	11	22	14.0

Deaths

Year	Male	Female	Total	Death Rate per 1,000 of the Estimated Resident Population	
				Gloucester	England and Wales
1955	380	385	765	11.3	11.7
1956	376	354	730	10.8	11.7
1957	413	341	754	11.1	11.5
1958	367	369	736	10.8	11.7
1959	406	378	784	11.5	11.6
1960	387	326	713	10.4	11.5
1961	405	369	774	11.1	12.0
1962	404	383	787	11.2	11.9
1963	457	412	869	12.3	12.2
1964	405	396	801	11.2	11.3

Maternal Mortality

Year	Rate per 1,000 Live and Still Births		
	Deaths caused by Pregnancy, Childbirth or Abortion	Total	
		Gloucester (unadjusted)	England and Wales
1955	Nil	Nil	0.64
1956	1	0.84	0.56
1957	Nil	Nil	0.46
1958	1	0.83	0.43
1959	Nil	Nil	0.38
1960	Nil	Nil	0.39
1961	Nil	Nil	0.33
1962	Nil	Nil	0.35
1963	Nil	Nil	0.28
1964	1	0.64	

Number of Deaths and Death-Rate of Infants  
under One year of Age

	Number of Deaths			Death-Rate of all Infants per 1,000 Live Births	Death-Rate of Legitimate Infants per 1,000 Legitimate Live Births	Death-Rate of Illegitimate Infants per 1,000 Illegitimate Live Births
	All Infants	Legitimate Infants	Illegi- timate Infants			
1955	20	20	Nil	18.6	19.6	Nil
1956	32	30	2	27.4	27.2	31.7
1957	20	18	2	17.3	16.6	27.7
1958	30	30	Nil	25.3	26.3	Nil
1959	30	27	3	23.9	23.2	33.0
1960	32	30	2	23.8	23.9	22.7
1961	24	21	3	17.6	16.5	33.6
1962	28	25	3	20.1	19.6	25.0
1963	41	35	6	27.2	26.1	36.8
1964	39	35	4	25.2	25.5	22.6

Causes of Death, 1964  
(Showing the Three Main Causes)

Disease	Sex	Age Groups					Total
		0-25	25-45	45-65	65-75	75+	
Tuberculosis - All Forms	M	1	1	3	-	1	6
	F	-	1	-	-	1	2
Cancer - All Forms	M	4	3	29	26	14	76
	F	-	2	29	25	24	80
Heart diseases and diseases of the circulation-All Forms	M	-	2	40	51	84	177
	F	1	4	26	46	123	200
All other causes	M	32	9	35	22	48	146
	F	21	2	15	27	49	114
Total Deaths - all causes	M	37	15	107	99	147	405
	F	22	9	70	98	197	396
TOTALS		59	24	177	197	344	801

### Infant Mortality

#### Deaths from stated causes under one year:

Congenital malformations	..	..	..	9
Gastritis, Enteritis and Diarrhoea	..	..	..	-
Pneumonia	..	..	..	7
Whooping Cough	..	..	..	-
Accidents	..	..	..	1
Other defined or ill-defined diseases	..	..	..	22
				<hr/>
				39
				<hr/>

Details of Neo-Natal Deaths (of children dying within the first four weeks of being born) included in the above Infant Mortality figures are as follows:-

Congenital malformations	..	..	..	8
Pneumonia	..	..	..	4
Other defined or ill-defined diseases	..	..	..	20
				<hr/>
				32
				<hr/>

The Neo-Natal Death Rate, therefore, was 20.6 per 1,000 live births.

### Cancer Deaths - 1964

The 156 deaths shown overleaf are divisible under the following main causes, as grouped by the Registrar General:

	Sex		Total
	Male	Female	
Stomach	9	6	15
Lung and Bronchus	23	7	30
Breast	-	17	17
Uterus	-	6	6
Other	39	44	83
Leukaemia	5	-	5
TOTALS	76	80	156



Table Showing Incidence of Cancer, 1940-1964

Year	Deaths from Cancer	Percentage of total Deaths Registered	Death Rate per 1,000 Population	Sex	At Ages - Years		
					0 - 45	45-65	65-up
1940	91	10.0	1.50	M	7	14	22
				F	4	16	28
1941	97	12.0	1.49	M	4	13	31
				F	6	22	21
1942	114	14.8	1.76	M	4	17	27
				F	5	25	36
1943	111	13.0	1.90	M	2	16	29
				F	6	30	28
1944	110	15.4	1.76	M	4	18	27
				F	2	27	32
1945	102	12.9	1.63	M	7	19	28
				F	11	11	26
1946	118	15.4	1.86	M	1	23	33
				F	6	22	33
1947	108	14.4	1.69	M	4	17	29
				F	9	23	26
1948	106	14.5	1.65	M	3	24	30
				F	5	16	28
1949	110	14.3	1.70	M	1	23	27
				F	8	23	28
1950	120	15.6	1.77	M	4	31	27
				F	9	18	31
1951	122	14.9	1.74	M	2	33	36
				F	7	18	26
1952	112	16.4	1.68	M	4	24	36
				F	6	11	31
1953	98	13.4	1.47	M	5	13	27
				F	6	18	29
1954	129	17.6	1.93	M	5	26	33
				F	5	29	31
1955	133	17.3	1.97	M	7	28	30
				F	6	23	39
1956	126	17.3	1.87	M	2	38	27
				F	5	29	25
1957	108	14.4	1.59	M	6	29	24
				F	2	14	33
1958	126	17.1	1.84	M	8	28	27
				F	4	19	40
1959	139	17.7	2.0	M	4	27	32
				F	7	27	42
1960	138	19.3	2.0	M	1	36	50
				F	4	14	33
1961	132	17.0	1.0	M	2	33	35
				F	-	24	38
1962	135	17.1	1.92	M	6	38	36
				F	3	27	25
1963	134	15.4	1.9	M	4	29	47
				F	3	21	30
1964	156	19.5	2.2	M	7	29	40
				F	2	29	49

Total Deaths from Cancer 1940-1964, by age groups

-45		45-65		65+		TOTAL		
M	F	M	F	M	F	M	F	M & F
104	131	626	536	790	788	1,520	1,455	2,975

SECTION B

NATIONAL HEALTH SERVICE ACT, 1946

SECTION 22 - CARE OF MOTHERS AND YOUNG CHILDREN

Ante-Natal and Post-Natal Clinics  
and Infant Welfare Centres

Ante-Natal and Post-Natal Clinics.

Number of sessions held per month	..	..	..	33
Number of women in attendance - Ante-Natal	..	..	..	3053
Post-Natal	..	..	..	411
Number of women attending Ante-Natal Mothercraft and Relaxation classes.	..	..	..	1716
Number of attendances by midwifery students	..	..	..	553

Child Welfare Centres.

Number of children attending during year -				
Born in 1963	..	..	..	1168
Born in 1962	..	..	..	842
Born in 1958-1961	..	..	..	386
Number of Doctors' Consultations -				
Children under 1 year	..	..	..	3887
Children over 1 year	..	..	..	1016
Total number of attendances -				
Children under 1 year	..	..	..	13946
Children 1 but under 2	..	..	..	3242
Children 2 but under 5	..	..	..	1476
Number of children immunised at centres	..	..	..	1570
Number of injections given	..	..	..	4703

Public Health Laboratory Work

The following Ante-Natal figures relate to all cases attending the City Clinics and include all cases for domiciliary confinement in the City, together with all cases booked for the City Maternity Hospital, whether resident in the City or surrounding County:

Haematology (Blood Tests)	..	..	..	9221
Bacteriology (Catheter specimens, swabs, etc.)	..	..	..	2367
Bio Chemistry (Glucose tolerance, blood sugars, etc.)	..	..	..	115
Histology	..	..	..	1

### Prematurity and Stillbirths

There were 30 premature ( $5\frac{1}{2}$  lb. and under) infants born at home. There were 21 stillbirths born at home and in hospital, of which 15 were under  $5\frac{1}{2}$  lb.

Weight at birth	Premature live births								Premature stillbirths	
	Born at home or in a nursing home									
	Nursed, entirely at home or in a nursing home				Transferred to hospital on or before 28th day					
	Total births	Died			Total births	Died			Born	
		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	in hospital	at home or in a nursing home
2 lb 3 oz or less	1	1	-	-	-	-	-	-	2	1
Over 2 lb 3 oz up to and including 3 lb 4 oz	1	-	1	-	1	1	-	-	4	1
Over 3 lb 4 oz up to and including 4 lb 6 oz	-	-	-	-	2	-	-	-	3	-
Over 4 lb 6 oz up to and including 4 lb 15 oz	1	-	-	-	1	-	-	-	2	-
Over 4 lb 15 oz up to and including 5 lb 8 oz	22	-	-	-	1	-	-	-	2	-
Total	25	1	1	-	5	1	-	-	13	2

### DENTAL SERVICE FOR EXPECTANT

### AND NURSING MOTHERS AND CHILDREN

#### DENTAL TREATMENT - NUMBERS OF CASES

	No. of persons examined during the year (1)	No. of persons who commenced treatment during the year (2)	No. of courses of treatment completed during the year (3)
1. Expectant and nursing mothers	578	353	179
2. Children aged under 5 and not eligible for school dental service	171	158	25

#### DENTAL TREATMENT PROVIDED

	Scalings and gum treatment	Fillings	Silver nitrate treat- ment	Crowns and inlays	Extrac- tions	General anaes- thetics	Dentures provided		Radio- graphs
	(1)	(2)	(3)	(4)	(5)	(6)	Full upper or lower (7)	Partial upper or lower (8)	(9)
1. Expectant and nursing mothers	179	163	2	-	410	68	22	26	15
2. Children aged under 5 yrs. and not eligible for school dental service	7(C1)	26	28	-	243	176	-	-	-



## CARE OF UNMARRIED MOTHERS

### Report by City Worker of City of Gloucester Deanery Association for Social Work.

In 1964 there were 97 unmarried mothers referred to this Association for help, who were resident in the County Borough. All the 97 mothers were referred ante-natally. There are also an increasing number asking for help and advice post-natally, sometimes when their child is a year or two old. Some of their difficulties might have been avoided had these mothers been sent to us for help before their confinements.

The City Health Committee accepted financial responsibility for 24 girls to go to Mother and Baby Homes, this is less than in the previous year, when there were 35. There has been a much greater demand for foster homes for 10 day old babies until they are placed for adoption. Good temporary foster homes are extremely difficult to find and such arrangements do mean an extra move for the baby and is no substitute for the care which both mother and child receive in a Mother and Baby Home.

Every effort is made to help the unmarried fathers as well as the mothers. Whenever possible the putative fathers are contacted and about 50% were seen. When an approach is made to them they are usually helpful and co-operative. They have an important part to play in any arrangements or help we are able to give the mothers and their children, whether they decide on adoption or if they keep their baby. It is often difficult to make any headway at all if the man is not prepared to come and see you or if the girl is unwilling for him to be approached. If he fails to co-operate, nothing can be done to ensure that he makes his voluntary payment towards the girl's maintenance in a home until after the baby is born.

#### Ages of mothers at the time of referral.

	<u>1963</u>	<u>1964</u>
15 years old	5	4
16	13	11
17	11	14
18	11	10
19	10	11
20	11	12
21-25	18	18
over 25	19	24
not known	4	3

#### Classification of Cases

Total number of new cases in County Borough	<u>119</u>
Illegitimacy	97
Family & other problems	16
Babies placed with adopters	6

Number of cases for which the Authority accepted financial responsibility but which were sent to homes outside the area	24
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Distribution of Welfare Foods

	1961	1962	1963	1964
National Dried Milk - tins	33,655	34,305	33,876	32,123
Cod Liver Oil - bottles	3,269	2,085	1,987	1,932
A and D Vitamin Tablets - packets	3,570	4,105	4,151	4,245
Orange Juice - bottles	38,453	22,585	22,741	24,388
Ribena - bottles	9,677	8,849	8,445	7,583
Rose Hip Syrup - bottles	3,126	3,474	4,044	4,532

SECTION 23 and 25 - MIDWIFERY and HOME NURSING

MIDWIFERY

Number of new cases:-

Doctor not booked	..	..	1
Doctor booked	..	..	507
Patients discharged early from hospital (nursed by midwives)			252
Patients delivered by midwives in hospital (Pilot Scheme)			18

Number of visits:-

Midwifery visits	..	..	8,636
Early discharges	..	..	1,788
Ante-Natal visits	..	..	4,751
Post-Natal visits	..	..	41
			<u>15,216</u>

Supervisory visits:

Midwifery	..	..	1,084
Ante-Natal Teaching	..	..	557
			<u>1,641</u>

TOTAL

Number of Evening Relaxation Classes	..	97
Number of attendances of mothers at these classes		661
Number of cases on books being nursed at 1.1.64		23
Number of cases on books being nursed at 31.12.64		21

Home Nursing

The figures for work done over the past twelve years are as follows:

<u>Year</u>	<u>Cases</u>	<u>Visits</u>
1952	1,664	58,875
1953	1,931	57,455
1954	1,883	58,809

<u>Year</u>	<u>Cases</u>	<u>Visits</u>
1955	1,963	58,814
1956	1,959	58,159
1957	1,790	58,229
1958	1,769	57,359
1959	1,733	52,149
1960	1,474	45,039
1961	1,615	46,960
1962	1,463	44,714
1963	1,640	45,419
1964	1,626	47,190

Number of Cases Attended During the Year.

Medical	..	..	1,078
Surgical	..	..	264
Infectious Diseases	..	..	1
Tuberculosis	..	..	3
Maternal Complications	..	..	41
Maternity Nursing (i. e. early discharges from City Maternity Hospital)			243
TOTAL NUMBER OF CASES			<u>1,626</u>

Patients included in above figures who were  
65 or over at the time of the first visit during  
the year .. .. 771

Children included in above figures who were under  
5 at the time of the first visit during the year 77

Number of cases on books at 1.1.64 .. 280

Visits Paid to all Patients.

Number of Medical Visits	..	..	38,755
Number of Surgical Visits	..	..	5,500
Number of Infectious Diseases Visits	..	..	7
Number of Tuberculosis Visits	..	..	144
Number of Maternal Complications Visits	..	..	180
Number of Visits to Maternity Cases (i. e. early discharges from City Maternity Hospital)			<u>2,604</u>
TOTAL NUMBER OF VISITS			<u>47,190</u>

Patients included in above figures who were  
65 or over at the time of the first visit during  
the year .. .. 28,655

Patients included in above figures who were  
under 5 at the time of the first visit during the year 638

Number of Night Nursing Visits (included above) 177

SECTION 24 - HEALTH VISITING, ETC.

The following is a summary of the work carried out by the Health  
Visiting Staff:

Number of Visits to Homes.

Number of first visits to expectant mothers	753 )	1,018
Number of re-visits to expectant mothers	265 )	



C/F 1,018

Number of first visits to children under one year	1,570	) 8,116
Number of re-visits to children under one year	6,546	

Total number of visits to children:

1 and under 2 years	..	..	4,140
2 but under 5 years	..	..	7,788

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21,062

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Other Cases

Infectious diseases	..	..	185
Tuberculosis	..	..	460
Post-Natal	..	..	48
Mentally Subnormal	..	..	51
Hospital follow-ups	..	..	180
Aged People	..	..	608
Home Help	..	..	56
Sundry	..	..	1,217
Unsuccessful	..	..	546
School Health Service	..	..	925

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4,276

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TOTAL NUMBER OF VISITS 25,338

Attendances at Clinics, Etc.

Relaxation Classes	..	..	186
Infant Welfare	..	..	1,007
Poliomyelitis Vaccination	..	..	5
Health Education Talks and Films	..	..	38
Schools Vaccination and Immunisation	..	..	141
Schools Minor Ailments	..	..	223
Schools Medical Inspections (including Eye Testing)	..	..	362
Schools Head Inspections	..	..	222
Tuberculosis (including B.C.G. and Heaf)	..	..	64
Hospital	..	..	73
Any other Clinics, Meetings, etc.	..	..	148

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2,469

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SECTION 29 - DOMESTIC HELPNumber of Domestic Helps Employed at 31st December, 1964

Whole-time	..	..	-
Part-time	..	..	63

Number of Cases where Domestic Help was provided during the Year

Maternity	..	..	34
Tuberculosis	..	..	4
Chronic Sick (including Aged and Infirm)	..	..	434
Others	..	..	62

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534

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### Analysis of Cases Served

	<u>Paying</u> <u>Cases</u>	<u>Free</u> <u>Cases</u>	<u>Total</u>
Maternity	32	2	34
Tuberculosis	1	3	4
Blind	2	10	12
Illness	38	10	48
Chronic Sick and Old Age Pensioners	146	288	434
Others	2	-	2
TOTALS	221	313	534

Cost of Service (1964/65) estimated £19,281

Recovered from Paying Cases (1964/65) estimated £ 1,900

### SECTION 26 - VACCINATION AND IMMUNISATION

#### I - Against Smallpox

Age at Date of Vaccination	Under 1	1	2 - 4	5 - 14	15 & over	Total
Number vaccinated	14	183	26	24	43	290
Number re-vaccinated	-	-	7	15	125	147

There were no "Specially Reported" cases during 1964 as showing complications from vaccination.

#### II - Against Tuberculosis

##### B. C. G. Vaccination

Number of persons vaccinated through the Authority's approved arrangements under Section 28 of the National Health Service Act.

##### A. Contact Scheme (Circular 72/49)

(i) Number skin tested	..	..	49
(ii) Number found positive	..	..	-
(iii) Number found negative	..	..	49
(iv) Number vaccinated	..	..	-

##### B. School Children Scheme (Circulars 22/53 and 7/59)

(i) Number skin tested	..	..	866
(ii) Number found positive	..	..	144
(iii) Number found negative	..	..	716
(iv) Number vaccinated	..	..	711

##### C. Students Attending Further Education Establishments (Circular 7/59)

(i) Number skin tested	..	..	-
(ii) Number found positive	..	..	-
(iii) Number found negative	..	..	-
(iv) Number vaccinated	..	..	-

### III - Against Poliomyelitis

#### PRIMARY IMMUNISATION

Age Group	No. of Persons who have received		Total
	Second injection of Salk vaccine or third injection of quadruple vaccine	Third dose of oral vaccine	
0 - 2	6	202	208
3 - 20	-	8	8
21 - 30	-	3	3
Others	-	2	2
TOTAL	6	215	221

#### REINFORCING DOSES.

Number of persons given third injection of Salk vaccine or fourth injection of quadruple vaccine	11
Number of persons given fourth injection of Salk vaccine or fifth injection of quadruple vaccine	-
Number of persons given a reinforcing dose of oral vaccine after	
(i) 2 Salk doses	-
(ii) 3 Salk doses or 3 oral doses, or 2 Salk doses plus 2 oral doses	94

### IV - Against Diphtheria

#### Number of children immunised during the year

	Children born in							
	1964	1963	1962	1961	1960	1955-1959	1950-1954	Total
Primary	364	90	9	3	2	64	-	532
Booster	-	225	49	-	193	437	-	904

### V - Against Whooping Cough

	Age at date of final injection		
	0-4 years	5-14 years	Total
Number of children who have completed a primary course of pertussis vaccine (singly or in combination) during the year ended 31.12.64	837	-	837



## SECTION 28 - PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

### Chiropody.

Total number of attendances for treatment 2,627  
 Total number of sessions - 338  
 Number of patients on register, December 1964 - 523

### Recuperative Holidays.

Granted .. .. 21  
 Holidays provided by voluntary agencies when national  
 and local schemes not applicable .. 72

### Bedding and Shelters on Loan to Tuberculosis Cases at 31st December, 1964.

Mattresses	..	..	2
Blankets	..	..	23
Shelters	..	..	-
Bedsteads	..	..	3
Sheets	..	..	10
Pillows	..	..	-
Pillow Cases	..	..	-
Sputum Cups	..	..	2

### Extra Nourishment

Number in receipt of free milk at the end of:

1955 - 51	1958 - 24	1961 - 16
1956 - 52	1959 - 27	1962 - 11
1957 - 39	1960 - 23	1963 - 11
		1964 - 11

### Mass Radiography

I give below a statistical report from Dr. Hayward, Medical Officer in charge of the Mass Miniature Radiography Unit.

	Male	Female	Total
Number examined	4219	2989	7208
Abnormalities detected	36	9	45
Being investigated	-	-	-

### ANALYSIS OF TUBERCULOSIS CASES

Active Tuberculosis - Close Clinical Supervision	Under 15	15/24	25/34	35/44	45/59	60 & Over	Total
MALE		2	1	1	2		6
FEMALE							-
TOTAL		2	1	1	2		6

## Under Observation - Occasional Out-Patient Supervision

MALE			1				1
FEMALE			1				1
TOTAL			2				2

## Tuberculosis - Healed

MALE			2	1	2		5
FEMALE						1	1
TOTAL			2	1	2	1	6

SCHOLARS INCLUDED IN THIS REPORTNON-TUBERCULOUS CASES

Abnormality of the Diaphragm.  
 Acquired Cardiac Lesion.  
 Bacterial and Virus Infections of  
 the Lungs.  
 Bronchial Carcinoma.  
 Bronchiectasis.  
 Bronchitis and Emphys ema.  
 Pleural Effusion and Empyema.  
 Pneumoconiosis.  
 Pulmonary Fibrosis.  
 Sarcoidosis.  
 Pneumoconiosis + P. M. F.

MALE	FEMALE	TOTAL
-	1	1
1	1	2
6	1	7
7	1	8
1	1	2
1	1	2
2	-	2
2	-	2
2	-	2
1	1	2
1	-	1
24	7	31

SCHOLARS INCLUDED IN THIS REPORT:-

Numbers examined:- 26 Male. 17 Female = 43 Total.

NO ABNORMALITIES WERE DETECTED.

## SECTIONS 28 and 51 - MENTAL HEALTH.

### Report on the Psychiatric Social Work Service in 1964:-

This has been a year of continued interest and progress.

The number of cases referred to the Psychiatric Social Work Service increased greatly in 1964, the total being 181, compared with 101 in 1963.

1081 home visits were paid, and 308 office interviews given, many of the latter being consultations with others in the Health Department, particularly the Health Visitors.

For the first time since the service began the number of cases referred by the general practitioners in the City was the largest from any particular source. The actual figures may be of interest:-

From	General Practitioners .. ..	64 cases
	The Local Psychiatric Hospital	58 cases
	Others in the Health Department	21 cases
	Other Social Work Agencies ..	15 cases
	Patients applying direct ..	12 cases
	Child Guidance and School	
	Psychological Services ..	10 cases
	Police .. .. .	1 case

Part of the reason for this change of emphasis can be found in a most successful experiment, begun in March. This was for the Psychiatric Social Worker to attend the surgeries of two group practices for one session each week, to help with and advise on any patient with symptoms of psychological or emotional difficulties, with or without physical manifestations.

A total of forty patients have needed this form of help, the majority being interviewed at the surgeries, with home visiting also where relevant.

This is a real break-through on the preventive side of mental health, which is equally - if not more - important than the follow-up and support of those already confirmed as mentally ill or subnormal. Future plans to extend these preventive aspects with the general practitioners and in other ways must wait for increase in personnel, however.

It is pleasant to report that the co-operation and interest shown in the practices concerned has been most encouraging and satisfactory.

The Bristol "Younghusband" Social Work Course has continued to send both first and second year students for practical casework experience in mental health (they paid 200 of the home visits mentioned earlier) with great interest and benefit to themselves and the Department.



## JUNIOR TRAINING CENTRE

Report by Mr. S. J. Tunstall : -

### Numbers of Pupils

The number on roll is now 39 of which the Education Committee assumes responsibility for 10 young children who form the Diagnostic class. A new class is to be established in September 1965 when all accommodation will be occupied.

### Educational Points

The strong emphasis placed upon Physical Education appears to be justified. The children's health continues to improve and they are much more competent in motor ability generally. They have gained remarkably in self-confidence and this transfers to other situations.

The value of educational visits in the development of the severely sub normal children seems no less essential than in the education of the E.S.N. children in the main school. The Health Committee has adopted the practice of the Education Committee and has made a grant to enable such journeys to be undertaken. Apart from the very desirable mental stimulation aroused by such visits, ranging as they do from excursions to the City centre to trips to Bristol Zoo, much incidental learning takes place, for example simply learning to walk and to behave sensibly in a crowd of people, becoming traffic conscious, gaining experience of travelling on public transport and paying fares.

### Visitors

Considerable interest has been shown in the Centre as an administrative and educational experiment.

Visitors during the year included, Dr. Henderson, Principal Medical Officer, Department of Education and Science, Lady Adrian, Vice-President N.A.M.H.; Mrs. Curzon, Ministry of Health; Dr. Didsbury, Senior Medical Officer of Health, Ministry of Health; Dr. Dybwad, Director Mental Retardation Project, I.U.C.W. Geneva; H.M.I's; Head Teachers ; Education Officers ; Doctors ; University and Training College Lecturers, and students.

### Parents

Close association with parents continues. The majority of parents attended the recent medical examinations, and appreciated the opportunity of talking to Dr. Gray and the staff.

### Staff

There have been no staff changes during the year. To complete the establishment a qualified and suitably experienced teacher has been appointed to commence in September.

## SENIOR TRAINING CENTRE

Report by Mr. R. H. Jones.

The centre opened in March 1964 with 16 mentally handicapped adults and has now increased to 26, this figure is likely to rise to 35 by September.

One boy, aged 18, has been placed in industry, but this is only seasonal employment and he may return to the centre at the end of the summer.

Three local factories are now supplying us with subcontract work of a simple repetitive nature suitable for the trainees. In addition we produce coat hangers, wet mop heads, link mats, firewood and carry out laundry work obtained from various sources. Laundry work is increasing and plays an important part in the work of the centre.

The trainees are now paid a small sum of pocket money, the amounts being based on the work done in the Centre.

1. Admissions to Horton Road and Coney Hill Hospitals by the  
Mental Welfare Officers and the P. S. W.

(a) Informally .. .. .	9
For Observation (Section 25) ..	19
For Treatment (Section 26) ..	9
Emergency Admissions (Section 29)	53
(b) Patients examined but not admitted	31
(c) Patients interviewed by P. S. W. or G. P. 's surgeries	99
(d) Visits:-	
"Follow-up" reports at request of hospital	126
After-care and other visits ..	1145
Social histories obtained ..	10
(e) Attendances at After Care, Admission and Rehabilitation Conferences	52

2. Subnormal and Severely Subnormal Patients

(a) Number under supervision in the community at 31. 12. 64	115
(b) New cases notified during the year	13
(c) Admitted to hospitals .. ..	6
(d) Number attending at Training and Occupation Centre at 31. 12. 64	44
(e) Number on waiting list for admission to hospital	12
(f) Number under Guardianship at 31. 12. 64	3
(g) Number on trial leave at 31. 12. 64	1



The Gloucestershire Council on Alcoholism opened its office in Brunswick Road, Gloucester, on 1st May, 1964, the Field Secretary being Mr. Michael Taylor.

The main function of the Council is to advise alcoholics and their families on what means of help are available from statutory and voluntary bodies, both for the alcoholic and his family.

During the first year, 117 cases were dealt with in the City. Approximately one third of these were admitted to hospitals or special units, the remainder being referred to Alcoholics Anonymous, general practitioners, religious organisations, etc. Cases were referred to the Council by these organisations as well as by Prison Authorities, Probation Officers, employers and relatives.

This Council is only the second to be formed in England, the other being at Liverpool.

GCA. 1/64.

Date: 30/4/65

GLoucestershire Council on Alcoholism

Field Secretary's Report

REMARKS

Male. Female. Male Female

	1	2	3	4	5	6	1	2	3	4	5	6	Totals	ST	LT	ST	LT	E	NA
1. Beer.		1	3	5	2	2							13	1	12			10	
2. Beer/Meths.		1		1									2	1	1				1
3. Brandy.		1											1		1				
4. Cider.	1	11	25	38	13	4				1	1		94	11	81		2	28	23
5. Cider/Meths.		1		11	2								14	1	13			2	9
6. Gin.				1	1					2	1		5		2		3	2	
7. Meths.																			
8. Stout/Guinness.																			
9. Wines.	2	5	3	2						3	1		16		12		4	7	4
10. Whisky/Meths.			5	1									6		6			2	1
11. Whisky.		3	13	19	8					1	1	1	46	10	33		3	12	7
12. Various.			4	5	2			1	1				13	3	8		2	6	1
TOTALS:	1	20	50	88	31	6		1	1	1	7	4	210	27	169		14	69	46

It should be noted that the largest age group is group 4: 41-50

Age Group

1. 16 - 20. 4. 41 - 50.  
2. 21 - 30. 5. 51 - 60.  
3. 31 - 40. 6. 61 - 70.

ST. - Short Term E. - Employed

LT. - Long Term NA. - National Assistance.

A	B	C	D	E	F	G	H
9	2	1	1	2	1	2	
	1	1			1	1	1
	1					1	
23	50	18	8	44	7	38	21
	10	3	1	10		3	4
3			2			1	1
6	7	3		3		7	2
1	1	3	1	3			
24	8	5	4	7		13	1
6	4	2	1	1		5	
72	84	36	18	70	9	71	30

A - Married  
B - Single  
C - Separated  
D - Divorced  
E - Prison Record  
F - Probation  
G - Undergoing Treatment  
H - No Fixed Abode.

Cases Referred by	Medical Practitioners	-	35
"	" Social Services	-	33
"	" Prison Authorities	-	36
"	" Probation Officers	-	16
"	" Employers	-	2
"	" Police	-	15
"	" Religious Bodies	-	14
"	" Relatives/Friends	-	33
"	" Other Centres	-	NIL
"	" Own Volition	-	17
"	" A.A.	-	9
			<u>210</u>

Cases B/F from last Report	-	163
Number of new Cases	-	47
TOTAL Case Load	-	<u>210</u>

Cases Referred to A. A.	-	32
"	" Hospitals or Clinics	- 75
"	" Religious Bodies	- 24
"	" Medical Practitioners	- 41
		<hr/> 172 <hr/>

### Special Notes and Observations.

- (a) Of the 47 charts seen referrals were made to the following hospitals and clinics:
- |                                 |   |   |
|---------------------------------|---|---|
| Mendip Hospital                 | - | 2 |
| St. George's Hospital, Stafford | - | 2 |
| Barnwood House                  | - | 1 |
| Whitchurch Hospital, Cardiff    | - | 1 |
| All Saints Hospital, Birmingham | - | 1 |
| Powick Hospital, Worcester      | - | 1 |
| Coney Hill Hospital             | - | 1 |
| Rookdown Hospital, Basingstoke  | - | 2 |
- (b) Total number of telephone enquiries during period 1.12.64. - 30.4.65. = 1,020
- (c) A total of 83 children were involved in cases seen to date.
- (d) A total of 63 wives have visited the Centre for information regarding their partners.

Field Secretary,  
30.4.65.



GLoucestershire Council on Alcoholism

FIELD SECRETARY'S REPORT

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1. Beer	1			12			13	1	12	13	13		11	2			13	
2. Beer/Meths.				2	1		1	1		2	2			2			2	
3. Brandy				1		1				1		1						1
4. Cider	5			89	29	36	38	59	18	79	30	14	26	54	4	7	65	18
5. Cider/Meths.				14	6	4	4	8		9	9		1	13	4	3	7	
6. Gin.				5	2	2	1		3	4	1	2					2	3
7. Meths.																		
8. Stout/Guinness.																		
9. Wines.	1	1		14	6	2	8	6	1	16		1	3	12			15	1
10. Whisky/Meths.				6	1	2	3	1		4	2		2	4			5	1
11. Whisky.		2		44	9	9	28	11	20	41	1	16	17	11	3	1	29	13
12. Various.				13	2	1	10	6	3	13		3	3	5	1		9	3
Totals:	7	3		200	56	47	106	93	57	182	58	37	63	103	12	11	137	40

- |                                    |                                      |                          |                        |
|------------------------------------|--------------------------------------|--------------------------|------------------------|
| 1. Father alcoholic.               | 6. Occasionally resorts to violence. | 10. Has frequent lapses. | 15. Mentally unstable. |
| 2. Mother alcoholic.               | 7. Never violent.                    | 11. Doubtful associates. | 16. Poor intellect.    |
| 3. Alcoholics in family.           | 8. Heavily in debt.                  | 12. Professional Class.  | 17. Average intellect. |
| 4. No previous history.            | 9. Financially stable.               | 13. Artisan              | 18. High intellect.    |
| 5. Invariably resorts to violence. |                                      | 14. Labouring            |                        |

GEOGRAPHICAL LOCATION and NUMBERS OF KNOWN ALCOHOLICS

Location	No	Location	No	Location	No
Bath	1				
Berkeley	1				
Bosbury	1				
Bristol	1				
Brockworth	1				
Cheltenham	51				
Churchdown	1				
Charlton Kings	1				
Cinderford	1				
Evesham	3				
Gloucester	117				
Hereford	3				
Hucclecote	1				
Innsworth	1				
Leamington	1				
Lydney	1				
Maisemore	1				
Malvern	1				
Margham	1				
Minchinhampton	1				
Minsterworth	2				
Newent	1				
Ross	2				
South Cerney	1				
Stow-on-the-Wold	1				
Stroud	3				
Tetbury	1				
Thornbury	1				
Walmer Hill	1				
Worcester	4				
Yate	1				

## SECTION 27 - AMBULANCE SERVICE.

The Chief Ambulance Officer reports

"The year 1964 was a busy year for the Ambulance Service, showing a marked increase again in the number of cases attended and corresponding increase in mileage. It will be recalled that in 1963, the first 3 months were subject to severe weather conditions resulting in a considerable drop in cases and mileage. During 1964 no severe weather was experienced, and throughout the year the Ambulance Service was working fully extended.

The Hospital Car Service was used to a greater extent with an increase of 545 patients carried involving 5831 additional miles travelled. As in previous years this Service is being used increasingly in cases which necessitate some considerable waiting time, thus releasing Ambulance Service staff for more urgent work in staffing ambulances.

Members of the St. John Ambulance Brigade and the British Red Cross Society are still doing invaluable work acting as train and long distance escorts. Their work is greatly appreciated. Often called upon at short notice, the members of these societies undertake journeys taking them from their homes for long periods.

It is anticipated that with the increased use of diesel trains greater difficulty will be experienced in the use of rail transport of stretcher cases. This difficulty is already being experienced in cases for South Wales and London. In the case of London only one train per day can accommodate stretcher cases.

A number of groups have visited the Ambulance Station throughout the year. I am pleased to report these groups included Student Nurses at local Hospitals, indicating that a knowledge of the working of the Ambulance Service is a desirable thing in the training of Hospital staff.

I conclude my report with a reference to the Ambulance Service staff who through the year worked hard to maintain the standard of efficiency for which the Service is well known to the public. All members of the staff are justifiably proud of the Service to which they belong and regard it as second to none.



Analysis of Cases, 1964.

Accidents involving vehicles. at home " work " school others	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Total
31	29	35	39	30	48	44	50	45	39	40	54	484	409
44	43	63	52	74	63	84	70	57	65	60	61	736	596
19	14	18	14	23	27	9	19	15	27	22	20	227	204
8	6	5	5	12	12	8	--	6	9	13	9	93	75
32	47	50	60	69	41	60	75	65	54	55	67	675	631

Emergency removals.

155	107	148	134	130	117	120	145	110	100	113	112	1491	1417
2885	2662	2717	3110	2704	2715	3007	2339	2732	2788	2941	2906	33506	30507
33	34	35	20	22	29	47	32	27	27	40	44	390	381

Routine removals.

3207	2942	3071	3434	3064	3052	3379	2730	3057	3109	3284	3273	37602	34220
------	------	------	------	------	------	------	------	------	------	------	------	-------	-------

Over Hospital

Patients carried by:-

Ambulance Service.	3220	2948	3097	3454	3079	3072	3402	2749	3086	3130	3330	3346	37913	34471
Railway	8	3	8	10	10	9	12	15	8	7	8	8	106	111
Hospital Car Service	158	145	138	208	195	196	219	125	109	83	104	104	1784	1239
Bus to Occupation Centre	734	631	653	426	606	828	646	---	743	659	803	526	7255	6273
	4120	3727	3896	4098	3890	4105	4279	2889	3946	3879	4245	3984	47058	42094

Summary of Mileage

Ambulance Service:-

Ambulance	5258	4749	5273	4847	5545	4925	6061	4951	5178	5204	5655	6331	63977	54937
Car	8613	7677	8092	8615	8034	8643	8895	8313	9809	9707	9916	9283	105597	95848
Ambulance Bus	857	763	207	211	200	251	248	197	194	193	250	281	3852	10114
Transport	1412	1226	1191	934	1116	1827	1216	601	1195	1201	1213	1041	14173	11649

Hospital Car Service	16140	14415	14763	14607	14895	15646	16420	14602	16376	16305	17034	16936	187599	172548
Civil Defence	2392	2469	2576	2853	2705	3808	3640	1999	1624	1090	1581	1431	28168	22337
	97	12	385	--	24	--	296	3	386	14	224	4	1445	3097
	18629	16896	17724	17460	17624	19454	20356	16064	18386	17409	18839	18371	217212	197982

Analysis of Cases and Mileage for 1964

<u>Cases.</u>	<u>1964</u>	<u>1963</u>
Accidents involving Vehicles	484	409
at Home	736	596
" Work	227	204
" School	93	75
Others	675	631
	<u>2215</u>	<u>1915</u>
Emergency removals	1491	1417
Routine removals	33506	30507
Over Hospital	390	381
	<u>37602</u>	<u>34220</u>
Patients carried by:-		
Ambulance Service	37913	34471
Railway	106	111
Hospital Car Service	1784	1239
Bus to Occupation Centre	7255	6273
	<u>47058</u>	<u>42094</u>
Summary of Mileage.		
Ambulance Service:-		
Ambulance	63977	54937
Car	105597	95848
Ambulance Bus	3852	10114
Transport	14173	11649
	<u>187599</u>	<u>172548</u>
Hospital Car Service	28168	22337
Civil Defence	1445	3097
	<u>217212</u>	<u>197982</u>

SECTION C  
INFECTIOUS DISEASES

Number of Notifications of Infectious Diseases from 1950 to 1964

	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
Smallpox ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scarlet Fever ..	70	55	46	65	68	55	50	28	46	77	21	4	8	8	26
Diphtheria ..	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Pneumonia ..	52	69	48	67	27	58	32	29	29	24	11	18	16	35	23
Cerebro-Spinal Fever	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Meningococcal Infection	1	3	2	1	-	-	1	4	2	2	1	-	1	-	1
Poliomylitis or Polio: Encephalitis	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Poliomylitis, Paralytic	2	-	4	2	3	9	-	5	-	-	-	-	1	-	-
Poliomylitis, Non-Paralytic	1	-	4	3	10	4	-	1	-	2	-	-	-	-	-
Dysentery ..	-	-	7	10	6	3	6	1	11	17	3	1	4	7	3
Ophthalmia Neonatorum	4	1	+2	+2	+1	+4	-	+3	-	-	-	+2	-	-	-
Puerperal Pyrexia ..	5	13	21	30	22	18	20	26	34	34	32	27	27	35	22
Erysipelas ..	20	10	12	6	12	6	5	5	4	3	4	2	3	1	4
Enteric Fever (including Paratyphoid Fever)	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Enteric Fever or Typhoid Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Paratyphoid Fever ..	-	1	1	-	1	-	-	-	-	-	-	-	-	-	-
Tuberculosis - Respiratory ..	75	85	101	91	67	60	79	55	58	38	49	25	21	28	24
Tuberculosis - Meninges and C.N.S.	*	*	*	*	*	*	9	1	1	1	5	-	-	-	-
Tuberculosis - Other Forms ..	13	13	13	11	4	9	9	6	7	7	5	5	2	1	7
Measles ..	1493	607	585	735	814	632	527	879	349	964	203	803	454	627	141
Whooping Cough	243	238	135	130	238	74	124	129	179	61	48	12	17	60	34
Acute: Encephalitis - Infective	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Encephalitis - Post-Infectious	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Food Poisoning	37	7	4	4	12	3	1	3	3	2	7	13	1	1	1
Anthrax ..	=	=	=	=	=	=	=	=	=	=	=	=	=	=	=
Malaria (Believed to be Contracted Abroad)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

\* See different classification.

+ Vision unimpaired.

= Not notifiable.



## VENEREAL DISEASE

A. E. TINKLER, M. A., M. D., D. P. H.

CONSULTANT VENEREOLOGIST

SOUTH WEST REGIONAL HOSPITAL BOARD

In 1963 there was a significant fall in the total number of Gloucester City residents attending the Venereal Disease Clinic at the Gloucester Royal Hospital. Unfortunately this trend was not continued in 1964.

TABLE 1            New Cases: All Conditions  
                         Gloucester City Residents

<u>Year</u>	<u>New Cases</u>
1960	101
1961	173
1962	160
1963	133
1964	159

### SYPHILIS

The incidence of early infectious syphilis in England and Wales has doubled since 1959/60 although the total number of new cases remains very small as compared with the immediate post-war years. In Gloucester City not a single case of early infectious syphilis was seen in the four years 1959 to 1962 but in 1963 there were four such cases. Fortunately this rise was not maintained in 1964 when again no cases of early syphilis were seen in Gloucester City residents. Eight cases of late syphilis were referred to the Clinic in 1964. It is encouraging to be able to report that for the 13th successive year there were no cases of infantile congenital syphilis (under 1 year).

### GONORRHOEA

The continued annual increase in the incidence of gonorrhoea in England and Wales since 1955 received its first check in 1962 when there was a slight decrease in total new cases. Restriction of immigration in 1962 was probably a major factor in this change of trend as there were very few new immigrants becoming infected within one year of entry to this country as compared with previous years. At the Gloucester Clinic this change of trend was very noticeable, the number of city residents infected with gonorrhoea falling from 51 in 1962 to 33 in 1963. In 1964 there was a small increase to 36 new cases.

TABLE 2            Gonorrhoea -  
                         Gloucester City Residents.

<u>Year</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
1955	13	3	16
1961	42	13	55
1962	40	11	51
1963	22	11	33
1964	29	7	36

I give below a report on Tuberculosis from Dr. F. J. D. Knights,  
Senior Chest Physician:-

34 new cases of tuberculosis notified in the City of Gloucester during 1964 were handled in the chest clinic service. They are analysed as follows:-

Haematogenous, including Miliary and Meningeal	Abdominal, Orthopaedic and Cervical glands	Primary or post-primary infection	Minimal Phthisis	Moderate Phthisis	Advanced Phthisis	Total
1	6	5	5	13	4	34

Of these 34 cases, 15 were referred from other hospital departments, 11 from general practitioners, 3 from Mass Radiography, 4 were routine x-rays for various purposes and 1 was picked up as a contact.

The Clinical Area figures, (North Gloucestershire County plus Cheltenham Borough and the City of Gloucester) are as follows:-

3	19	15	13	55	12	118
---	----	----	----	----	----	-----

Of the 81 cases of phthisis notified in the clinical area, 57% were referred by general practitioners, 14% were discovered by Mass Radiography, 20% came from other hospital departments, 6% were contacts and 3% were routine x-rays.

The Gloucester City Register of Notified Persons stood at 460 on 31.12.64

RED, markedly infectious	25
YELLOW, potentially infectious	95
GREEN, non-infectious	337
Unclassified at date	3

Of the 25 RED cases, 8 are chronic phthisis of long standing, and these include 4 drug-resistant patients. The remainder are recent cases expected to do well on chemotherapy. Only one of the new cases notified was found to be excreting resistant strains of bacilli.

#### Contact Examinations

Average number of contacts per case: listed 5.8 seen 4.6

#### Adults

Called 159. Attendance 124. Response 77.9%

In addition 4 adults were referred to other chest clinics for action.

One man of 31 in an immigrant household was found to be tuberculous on his initial x-ray as a contact of a case of cervical glands and was deemed the source case. Three other adults have been retained under clinic observation, but are not notifiable.

#### Children

Of 33 children called, 4 did not attend at all. 2 were tuberculin positive and are retained at the clinic under observation. 1 was tuberculin positive and x-rayed but has refused further attendance (the child of an initially drug-resistant father).

The remaining 26 are analysed as follows:-

Tuberculin positive.	Age 0-14.	To G. P. and H. V. for observation	1
"	Age 12-16.	To Mass Radiography follow up	4
"	Previous B. C. G.	X-ray follow up	2
Tuberculin negative,	successfully	B. C. G. vaccinated	17
"	failed to complete	B. C. G.	1
"	still awaiting	B. C. G.	1
No case of significance was found.			

Summary of Notifications of Tuberculosis during 1964

Age Periods	Formal Notifications													
	Number of Primary Notifications of new cases of Tuberculosis													
	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	Total
Respiratory, Males	-	1	-	-	-	-	2	3	4	6	3	2	-	21
Respiratory, Females	-	-	-	-	-	1	-	-	1	1	-	-	-	3
Non-Resp., Males	-	-	-	-	-	-	-	1	2	-	-	-	-	3
Non-Resp., Females	-	-	-	-	-	-	1	1	2	-	-	-	-	4

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the year, otherwise than by formal notification      ..      ..      ..      ..      Nil

Number of cases of Tuberculosis remaining on the Register of Notifications on 31st December, 1964.

Pulmonary			Non-Pulmonary			Total Cases
Males	Females	Total	Males	Females	Total	
235	141	376	28	37	65	441

Notifications, Deaths and Visits Made.

	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
New Cases	69	88	62	66	46	54	30	23	29	31
Deaths	12	10	8	14	6	2	7	10	4	11
Visits made by Health Visitors	1320	1310	1187	796	746	680	637	511	329	460



SECTION D

MEDICAL EXAMINATIONS OF CORPORATION EMPLOYEES

Children's Department .. .. .	5
City Architect's Department .. .. .	20
City Museum .. .. .	-
City Surveyor's Department .. .. .	29
City Treasurer's Department .. .. .	10
Education Department .. .. .	40
Entrants to Training Colleges .. .. .	48
Fire Brigade .. .. .	2
Health Department .. .. .	18
Housing Department .. .. .	-
Public Library .. .. .	6
Staverton Airport .. .. .	1
Taxation Department .. .. .	-
Town Clerk's Department .. .. .	5
Water Engineer's Department .. .. .	7
Weights and Measures Department .. .. .	2
Welfare Department .. .. .	4
Other Authorities .. .. .	8
Total	<u>205</u>

## The Home Teachers of the Blind report:-

December 31st 1964 marked the close of another busy year. In the life of a Home Teacher of the blind every working day is a challenge to her experience, personality, and skill. Blind and partially sighted people call for an individual approach and there can never be a prepared solution to any problem. With the changing pattern of Health and Welfare services, we hope the Home Teaching service will remain the backbone for work for the blind.

At the end of the year under review the number of blind persons on the City register was 182 ; 66 males and 116 females. Of the total number, 134 were over 65 years of age. 22 names were added to the register, there were 5 transfers in, 6 transfers out, and 18 deaths. As in recent years, the majority of applications for registration came through the National Assistance Board. It is interesting to note also that there was a tendency for more people of independent means to apply for registration in order to qualify for the additional tax relief as provided by an amendment to the Inland Revenue Act of 1962. As in other areas, the main causes of onset of blindness were cataract and glaucoma. For some years, now, there has been no new case of Retrolental Fibroplasia in the City ; the disease having been eradicated soon after the cause was established.

## PERSONS IN RESIDENTIAL ACCOMMODATION ;

Homes for the Blind. 1.

OTHER HOMES. (Part III.) 11.

Private Homes. 5.

Chronic Sick Hospitals. 4.

PHYSICALLY DEFECTIVE BLIND PERSONS ; 17.

Deaf with Speech. 3.

Hard of Hearing. 17.

Mentally Ill &amp; Deaf with Speech. 1.

Physically Defective &amp; Deaf without Speech. 1.

Physically Defective &amp; Hard of Hearing. 6.

Mentally Ill. Physically Defective, & Deaf  
with Speech. 1.Mentally Sub-normal, Physically Defective,  
& Hard of Hearing. 1.EMPLOYED PERSONS

Typists. 2.

Masseurs. 1.

Telephonists. 1.

Shop Keepers. 1.

Factory Workers. 9.

NOT AVAILABLE FOR WORK 16 - 64. 16.NOT CAPABLE OF WORK 16 - 64. 12.

Registered Disabled Blind Persons. 19.

Unemployed but capable and available for work  
(16 - 65) 6.

Over 2,000 visits were paid to blind people at their homes, and some form of advice, or instruction given on practically every occasion. Just over 200 lessons were given in embossed types. With the increasing availability of Talking Book machines, fewer blind people are willing to bother to read with their fingers. Many people were given instruction in simple handwork, and in the use of appliances specially designed for the use of the blind.

150 handicraft classes were held at Palmers Hall and at the Workshop for the Disabled. The number of classes having been increased from two to three per week. As in previous years the occupational section of blind welfare work remained completely self-supporting. Money raised from sales was used to replace materials and any profit provided outings, Christmas parties, and a gift of money at Christmas. The cost of our annual visit to the Show for Blind Gardeners held in Bristol on the last Saturday in August was also met from the handicraft account. Several of our people won prizes in the handicraft section of the Show. In the early part of the year we were offered the use of the W.I. stall in the Eastgate Market on two Tuesdays in each month instead of one. This facility provided an excellent means of disposing of articles made by the blind. 1964 was a good year for sales, and we are especially grateful to 7 M.U. Quedgeley for allowing us a stall at their annual show. Also to a committee of Toc H for a stall at the Autumn Market held at the Technical College in October. The opportunity to present our goods for sale at the Christmas meeting of Hempsted W.I. was greatly appreciated.

#### SOCIAL ACTIVITIES.

Two social Club meetings per month were held at Palmers Hall between March and October. Activities included topical talks, games, ten pin bowling matches, musical entertainment, two Christmas parties, etc. In addition, there was always a tape provided by the Cotswold Tape Recording Society for play back.

Hardly social activities, but nevertheless very enjoyable, were two harvest festivals. Produce provided by members of the clubs was sold to augment our funds.

We were most grateful for the gift of a very good piano from Mr. Colin Dunn. The old instrument was sold to pay the cost of removal.

A gift of approximately eighteen dozen eggs for distribution to sick and elderly blind people, by Norton W.I. was greatly appreciated.

Our Voluntary Association for the Blind continued to act as agents for the National Institute for the Blind in the distribution of wireless receivers. No blind person was without wireless during the year and every reasonable requirement was met. In accordance with the Wireless Telegraphy Act of 1926 each blind person was enabled to obtain a licence free of charge by producing at the post office a certificate signed by our Medical Officer of Health. There is also a reduction of £1 in the cost of a television licence. Approximately two-thirds of the blind population in the City have a television set in their homes. Our Voluntary Association also provided several outings and parties during the year, and assisted with the cost of refreshment at handicraft classes.



Through the generosity of the Fluck Charities, 43 blind persons and escorts enjoyed a holiday at the Pole Sands Hotel, Exmouth. The Hotel was very comfortable with excellent food and service, and an unlimited supply of hot water in all bedrooms. During the fortnight we organised trips to Teignmouth, Sidmouth, and inland districts. A special party was arranged for us at the Exeter Centre for the blind where tea and entertainment was provided. In Exeter all social work for the blind appeared to be carried out by their Voluntary Society for the Blind.

Outstanding successes of the year included :-

The successful training of a blind woman aged 41 at the Guide Dog Training School at Leamington. With her newly-acquired guide, "Pat" she is now able to go out whenever she pleases. This woman prefers a guide dog to a human guide.

A newly-blind man aged 36 now employed at B.N.S. learned braille so thoroughly that on admission to a rehabilitation centre, instead of having to learn braille he was called upon to assist in teaching others.

An elderly blind housewife was given £22 to assist with the cost of her new gas cooker. The grant came from the London Association for the Blind.

Of the 37 Braille and Moon readers 11 were members of the National Library for the Blind. There were 15 members of the Nuffield Talking Book Library. Both libraries continued to provide excellent service. Readers are grateful for the voluntary service provided by the G.P.O. who collect parcels of books and tape from the person's home for return to the libraries.

We acknowledge with gratitude the cordial relationship which existed throughout the year between the statutory and voluntary bodies in the City; particularly we would like to mention the help of the City Council departments, the National Assistance Board, Ministry of Labour; surgeons, doctors and hospital staff, W.V.S., Rotary Club, Toc H, and the Lions Club.

Finally, we express appreciation for the willing help given from time to time by Dr. Regester and members of the Health Department staff, and to numerous voluntary helpers who assist at classes and clubs, and act as sick visitors.

## THE PARTIALLY SIGHTED 1964

At the close of the year under review the number of partially sighted persons on the City register was 27, - a decrease of 3 over the previous year. There were six new cases, four deaths, three transferred to our blind register, and two transferred to other areas. The total number included a baby of one year, a boy of 7 attending the Gloucester Open Air school, and a girl of 15 attending the local Occupation Centre. Four persons were engaged in regular full-time employment.

There is still no need to organise group activity designed for the partially sighted.

During the year two facilities of special value to people with poor vision became available; - the provision of books in large type available from public libraries, and the "modern" telephone showing large letters and figures round the dial.

The majority of elderly partially sighted people came on to our register because they failed to qualify for blind registration. In some instances, however, blindness is likely to occur in the near future.

TOTAL BLIND POPULATION 1964

TABLE 1

Age periods.									
0-1	1-4	5-15	16-20	21-39	40-49	50-64	65-69	Over 70	TOTAL
-	-	-	-	8	10	30	24	110	182

TABLE 11

Ages at which blindness occurred

0-1	1-4	5-10	11-20	21-29	30-39	40-49	50-59	60-69	Over 70
9	5	5	3	9	12	17	19	25	78

No new case of Retrolental Fibroplasia was notified during the year.

Deaf

The number of cases on the Register of the Diocesan Association is now 65. In addition, of course, are the many Hard-of-Hearing.

The Diocesan Association continues its work from the Centre-St. Mary's Square.

The work of Mr. Mower and his team at the Hospital, and that of the peripatetic teachers (for whose services we pay the County Health Committee on a per capita basis) continues successfully.

Physically Handicapped

The number on the Register is 190.



SECTION F  
WATER SUPPLY

A. General Statistics of Area of Supply.

1. Area of Supply 196.2 sq. miles
2. Total Population 134,293 (Gloucester C. B. 70,820)
3. Population Supplied 130,068 ( " " 70,820)
4. Local Authorities and Water Undertakings supplied

(a) In detail

- (i) County Borough, Gloucester
- (ii) Rural Districts (parts), Gloucester, Newent, Cheltenham, East Dean and Thornbury.

(b) In Bulk

- (i) Rural Districts, Dursley, East Dean, Upton on Severn
- (ii) Water Boards, Stroud District, Herefordshire.

5. Total Consumption

- (a) In Detail 2,894,285,000 (Gloucester C. B. proportion 1,570,000,000 gallons (estimated))

- (b) In Bulk 264,295,000

Total: 3,158,580,000

6. Sources

- (a) Witcombe (Surface Collection Reservoirs) 6.86%  
Sedimentation, filtration and chlorination
- (b) Newent (Deep well in sandstone) chlorination 4.92%
- (c) Ketford (boreholes in sandstone) chlorination 7.56%
- (d) Cheltenham and Gloucester Joint Water Board 79.57%  
(River Severn at Tewkesbury) Sedimentation  
filtration, sterilization etc)
- (e) Bulk supplies (Cheltenham Borough and Cheltenham Rural District) 1.09%

B. County Borough of Gloucester

- (a) (i) Quality of Water. Satisfactory from all sources as taken into supply.
- (ii) Quantity of Water Available Sufficient to meet demands at all times.

(Note:- During 1964 an additional quantity amounting to some 2 to 3 million gallons a day became available to the Gloucester Corporation Undertaking from the Cheltenham and Gloucester Joint Water Board)

(b) Examination and Analysis of Water

At Laboratories of Cheltenham and Gloucester Joint Water Board the raw water and final water from all sources, subject to regular bacteriological and chemical analysis.

Samples examined and analysed:

<u>Witcombe</u>	- Bacteriological	1	raw water	1	final water
	Chemical	1	" "	1	" "
<u>Newent</u>	- Bacteriological	1	" "	1	" "
	Chemical	1	" "	1	" "
<u>Ketford</u>	- Bacteriological	1	" "	1	" "
	Chemical	1	" "	1	" "

(Note:- Staff shortage, bringing into operation of new plant and examination of large number of samples from new mains made it necessary to reduce the number of examinations of water from Corporation's own sources and district samples, but with the treatment given the water from these sources has been consistently satisfactory for many years.)

Chemical analysis and examination (all chemical results expressed  
in parts per million)

See attached sheets :- Witcombe (4th May), Newent (21st July),  
Ketford (21st July), Tewkesbury - within range as sent for previous  
year.

(c) Plumbo-solvency of water from various sources - none

(d) Contamination - Final waters free from bacteriological  
and chemical contamination

Investigations continued into periodic turbidity and  
deposition of manganese in distribution system.

Treatment of distribution system supplied from Churchdown  
Reservoirs by pyrethrins in May, 1964 for control of ascellus  
aquaticus.

(e) Number of dwelling houses supplied:

(i) Direct to house 20, 160

(ii) By means of standpipe none

# CHEMICAL EXAMINATION OF WATER

for

Details of Sample	Origin	WITCOMBE 4.5.64	NEWENT 21.7.64	KETFORD 21.7.64
Date received.....	No.			
Appearance		Clear and bright	Clear and bright	Clear and bright
Colour		None	None	None
Odour cold hot		None	None	None
Taste				
Microscope				
Ph. Value		8.09	7.41	7.54
Total Solid Residue (dried at 180° C.)		286	452	1021
Hardness as CaCO <sub>3</sub> Permanent		45	79	150
" " " Temporary		165	295	230
" " " Total		210	374	380
Calcium as CaCO <sub>3</sub>		188	218	236
Magnesium as CaCO <sub>3</sub>		22	156	144
Chlorine in chlorides as Cl.		23	26	240
Oxygen absorbed, 3 hrs. at 37° C		1.49	0.06	0.12
Nitrite Nitrogen		Nil	0.003	0.002
Nitrate Nitrogen		0.70	4.90	4.75
Ammoniacal Nitrogen		0.03	0.01	0.03
Albuminoid Nitrogen		0.07	0.01	0.02
Opacity (Turbidity + Colour)		3.1	0.2	0.4
Silica		3.4	7.1	7.1
Phosphate as PO <sub>4</sub>		0.017	0.023	0.023
Total Iron as Fe.		0.02	Nil	0.01
Residual Chlorine.		0.04	0.07	0.11
Potassium as K.		2.00	3.90	7.55
Sodium as Na.		12.0	13.5	92.5

(All chemical results expressed in parts per million)



## Sanitary Conditions of the Area

I give below a report from the Chief Public Health Inspector.

The Offices, Shops and Railway Premises Act, 1963, came into force on 1st August, 1964. To-date, approximately 1,000 premises have been registered and the task of making a general inspection of each of these premises has proceeded smoothly and the target of an annual general inspection for each registered premises should be achieved.

Many of the requirements of the Act are familiar ones relating to environmental hygiene, but emphasis is placed in the Act on the safety of employees. This safety aspect is new ground to the public health inspectorate and has meant a close study of means of guarding machinery, particularly meat cutting and slicing machines, and the close scrutiny of equipment found in offices and shops to ensure, as far as possible, that no accidents will be caused by its use. In this context, some modern staircases, while pleasing to the eye, are definitely dangerous, and need modifying to satisfy the requirements of the Act.

All accidents occurring in registered premises must be reported, such reports are examined to see whether the accident could have been prevented, and, where necessary, a special investigation is made. Eight accidents have been notified in this way to the end of the year; fortunately, all of them were minor ones, mainly caused while handling goods, and in no case could any blame be attributed to the employer or the condition of the premises.

As many of the premises now being inspected are ones not previously covered by any legislation, some concern was felt that there might be opposition to the visit of the public health inspector, but, pleasingly, this situation has not arisen and indeed the inspections have been welcomed and good co-operation received from the employers.

As much of the inspection is concerned with such matters as overcrowding, ventilation, lighting, heating and cleanliness - all affecting the health and well-being of the employee - it seems logical that it should be made by a public health inspector and without doubt the experience and expert knowledge in this field of the health inspector has contributed largely to the smooth administration of the Act so far.

During August the Department was asked by the Highways Committee to investigate and report on the amount of noise and pollution from traffic fumes arising from an experimental one way traffic system at Wotton Pitch.

It appeared that few if any, Local Authorities had carried out any research into or measurements of air pollution caused by traffic and in particular diesel engined vehicles so an approach was made to the Atmospheric Pollution Division at Warren Spring Laboratory. The staff there were extremely helpful not only advising on how to plan and conduct a survey but also kindly providing the portable apparatus needed to carry it out.

A site in Kenilworth Avenue, which was roughly at the centre of the triangle formed by the one way system, and being closed to through traffic relatively free from traffic fumes, was used to measure the background pollution in the area. By comparing the results from this point with those obtained simultaneously at other points around the triangle the extra amount of pollution caused by the traffic could be shown. All of the air samples were taken at the kerbside at a height of 6 feet above the pavement level.

Some of the measurements obtained expressed as microgrammes per cubic metre of British Standard Smoke are set out below.

<u>Kenilworth Avenue</u>	<u>London Road</u>	<u>Estcourt Road</u>	<u>Cheltenham Road</u>	<u>The Cross</u>
42	740			
63	960			
31	634	43		
58	653		192	123
45	817	179		112

These figures show quite clearly the startling amount of pollution of the air which can be caused by traffic travelling uphill, the air in London Road being at times twenty times dirtier than in Kenilworth Avenue. The comparison with The Cross, which is barred to heavy goods vehicles, shows that much of this extra pollution is due to diesel fumes.

Although these fumes disperse fairly rapidly with increasing distance from the roadway other measurements indicated that the air immediately outside the windows in London Road was still five times more polluted than that in Kenilworth Avenue.

These measurements are based on the amount of visible smoke (i. e. carbon particles) emitted by vehicles. The degree of pollution caused by the other invisible gases emitted is unknown. The measurements were taken over 3 hour periods at different times of the day, so that comparison with the results from the apparatus at the Health Department which gives a daily average is not really fair; this daily average pollution for the period of the survey was 30 microgrammes per cubic metre.

Measurements of the traffic noise level showed that the highest level was reached in London Road which was to be expected as the traffic was moving uphill. The average reading here was 90 DbA, with several readings of over 100 DbA. An average of 215 lorries per hour were using this route in daytime, 58 per hour at night, so that this high level of noise was being maintained almost continuously.

The average level inside the houses was 75 DbA with the windows open, 65 DbA with the windows shut. The Wilson Committee on Noise recommend that the noise level inside dwellings in busy urban areas should not exceed 50 DbA by day and 35 DbA at night for more than ten per cent of the time. On this basis it can be seen that the residents were subject to a severe annoyance. For comparison the following average levels for lorries under varying road conditions were recorded



(all readings taken at the kerbside):-

Free flowing traffic on middle section of Estcourt Road	80 DbA
Traffic approaching and leaving roundabout	85 DbA
Traffic accelerating down the Cheltenham Road pitch	87 DbA
Free flowing traffic in Finlay Road	83 DbA

The average levels for cars were 10 DbA less than the above.

The results obtained in this brief investigation underline two little-mentioned aspects of the growing traffic problem which require to be taken into account when trying to balance the conflicting demands of the motorist and the urban residents. Does the answer lie in soundproofing and air conditioning the houses or can the vehicles themselves be operated without fume emission and at a nuisance free level of noise? The technical knowledge and materials are available now for the former but expense may be a deciding factor as it is likely to cost in the region of £200 to treat each house.

Research on after burners and similar devices for making the exhaust gases harmless has not so far in this country produced an economic or practical unit. Certainly visible diesel fumes can be prevented, their emission denoting poor maintenance and/or overloading, and a more stringent check on lorries is clearly desirable, but under the present law Local Authorities have no powers to deal with this source of pollution.

With regard to noise the Wilson Committee thought that in the light of present technical knowledge suitable maximum noise levels would be 90 DbA for motor cycles and 85 DbA for other vehicles but even if these levels become legal limits they are still high enough to give rise to annoyance and again the recommendation for enforcing any such legislation does not include Local Authorities.

In an accompanying graph I have illustrated the pattern of killing in the City slaughterhouses since 1950. The bottom dotted line shows the total number of carcasses (cattle, sheep, pigs and calves) that have been slaughtered and inspected in each year. The continuous top line gives this same figure but expressed in inspection units. Inspection units were devised by the Ministry of Agriculture to give a fair average basis for the purposes of charging and to give an inspection time. One unit is taken to be one minute in inspection time and threepence for the purpose of charging. Cattle are given a number of ten units per beast which means approximately ten minutes for inspection time and that a maximum charge of two and sixpence can be made. Pigs and calves are given three units per animal giving a charge of ninepence and three minutes on inspection time. Sheep two units giving a maximum charge of sixpence and two minutes on inspection time.

It will be seen from the graphs that the kill was relatively steady between 1950 and 1958 and that it decreased in the year 1959 due to one slaughterhouse closing and the firm concerned moving their operations into the Gloucester Rural District. In July, 1960 Baxters (Butchers) Ltd. obtained their first licence in this district and commenced slaughtering shortly afterwards. In September 1960 W. Devis and Sons Ltd. were granted their first licence and commenced slaughtering in



October, 1960. This has meant since the granting of these licences we have had three slaughterhouse operating within the City, the third being the Gloucester Co-operative Industrial Society. After the initial rise with the opening of these two new slaughterhouses the kill remained steady between 1961 and 1962 but as will be seen from the graph the kill has been rising quite steeply in the last two years and I am of the opinion that this trend will continue although the maximum point of through put must be reached sometime. It will be appreciated that this steadily increasing kill has meant that a great deal of extra time has had to be spent on meat inspection and to a certain extent it has meant that other essential work has not had the attention it should. As I reported last year an additional Public Health Inspector was appointed to carry out meat inspection solely and although this did ease the situation considerably the continuous rise in the amount of slaughtering has nullified the improvement at the present time.

Meat inspection does necessitate a considerable amount of overtime including Saturdays, Sundays and Bank Holidays. This duty at the present time is requiring the services of the full time Inspector I have mentioned and two further Inspectors working full-time on meat inspection on a rota basis. It is this last fact that does give me cause for concern, as a District Inspector should be fully conversant and responsible for all matters happening upon his district. With the present system of having to go on meat inspection periodically for a full time week, I cannot say this full responsibility on district work prevails.

I do not wish to labour the amount of time spent on meat inspection but I am concerned for two reasons. The first being that I do not want to see other essential work having to take second place and the second being that I must be satisfied that meat inspection is being carried out in accordance with the Meat Inspection Regulations. Due to the steeply increasing kill in such a relatively short time both these two important aspects are under strain. I must say that my staff are doing their best to see that no part of the work suffers but it does cause a strain on their capacity.

See Graph 1.

Slum clearance is proceeding but I am anxious to commence more positive housing work. The type of work I have in mind is "Improvement Areas" in which housing of a good standard but lacking in essential amenities is compulsorily improved. It will be known that there has been for many years the opportunity for owners to take advantage of grants to provide these essential amenities but unfortunately in the main it is only owner/occupiers who have done so. To overcome this owner resistance to improving their rented property, the Government introduced in the Housing Act 1964 the concept of "Improvement Areas" in which, if the local authority are satisfied that within a designated area fifty per cent of the premises within the area are lacking in one or more specified amenities, they can require the houses to be compulsorily improved. In common with other urban areas it will be necessary to increase our work in the type of property designated as "houses let in multiple occupation".

It is essential that every family dwelling in such a premises has reasonable access to amenities and that they do not live in overcrowded conditions. Another evil associated with this type of premises is the condition of parts used in common, e.g. hallways, staircases, wash houses and sanitary conveniences and only inspection will reveal these defects.

During the year a report was submitted to the Health Committee concerning public conveniences. This is a vexing problem to obtain a balance between what one may call conveniences for the travelling public and conveniences for the residents of the City. This matter is aggravated by the problem as to whether conveniences should be unattended or attended. We would like as a general rule to see all conveniences attended but of course this does involve considerable expense both capital expense in construction and annual running costs. Also there is the question of providing washing facilities with hot and cold water in unattended conveniences. With regard to conveniences for the travelling public the Committee decided that it would be best to leave this matter until the future road patterns had been further determined. It was decided to build a new public convenience in the Park if the approval of the Parks and Cemeteries Committee was obtained, and that an unattended public convenience should be built on a site in Matson. Also, that by way of an experiment, hot water and hot air hand driers be installed at the Bristol Road and Kingsholm unattended conveniences. I do hope that this installation of hot water and hot air driers will prove to be successful and if it should be, the Committee may decide that it could be extended to other unattended conveniences.

Although as I have stated district routine work is somewhat under strain with the necessity of carrying out Offices, Shops and Railway Premises Act inspections and meat inspection rota duties I am pleased to say food shop inspections are being carried on but not necessarily as often as I would wish. With food hygiene it is essentially a matter of education and I am convinced that the best method of getting the message over is constant visits by a Public Health Inspector. The Inspector primarily has to be satisfied that the requirements of the Food Hygiene Regulations are being met by the occupier but, unfortunately, although these obligations are probably satisfied by the occupier it does not necessarily mean that the food hygiene of the premises is high. This last point is where it is important to discuss questions of cleanliness, methods of working, storage, siting of equipment and preparation with the occupier of the food shop.

Port Health work in the Port of Gloucester goes quietly on and although I would say this is perhaps not the most spectacular part of our work it is none the less just as important. The reason that I say that it is not spectacular is due to the nature of the Port of Gloucester. The type of vessel calling is overwhelmingly of the small motor type of below 400 net tonnage. These ships are invariably of the highest standard of cleanliness and we do not get vessels calling from those parts of the world where diseases such as plague, cholera, yellow fever, smallpox, typhus or relapsing fever are endemic. But as I have said it still is important to be satisfied that the health of the crew is good and that the ship is free



of rats and that the crew's quarters are of the necessary standard. It is a tribute to port health work that the majority of ships are now free of rats and this is a matter of great satisfaction both from the point of view of crew and to the ports at which the ship is calling.

During the year we lost the services of Mr. J. Richards and Mr. J. Bourne. Mr. J. M. Bairds and Mr. K. F. Rayner were appointed to fill the vacancies caused.



The following is a summary of the inspections made during the year 1964.

#### Public Health Acts

Dwelling Houses on Complaint	759
Work in Progress	101
Drain Tests	261
Dirty and Verminous Premises	27
Insect Infestations	57
Caravan Sites	11
Schools	1
Hairdressers	3
Cinemas, Fairs, etc.	6
Public Conveniences	598
Offensive Trades	94
Offensive Accumulations	21
Stables and Piggeries	6
Refuse Tips	10
Revisits	1028

#### Housing Acts

Houses Inspected	105
Basement Dwellings	2
Houses in Multiple Occupation	1
Rent Act Inspections	1
Overcrowding	7
Revisits	186

#### Food and Drugs Acts

Complaints re. Food	79
Visits re. above	27
Bakehouses	44
Butchers	132
Canteens, Clubs, etc.	101
Cafes, Restaurants	85
Fishmongers	53
Fried Fish Shops	25
General Shops	454
Sweetshops, Tobacconists	22
Dairies	17
Milk Distributors	4
Ice Cream Manufacturers	27
Ice Cream Vendors	1
Preparation and Storage	106
Wholesalers	117
Public Houses	35
Vehicles - Food	8
Vehicles - Ice Cream	4
Vehicles - Milk	1
Merchandise Marks Act	17
Slaughterhouses	2896
Food Poisoning Enquiries	2
Revisits	158

Samples- Bacteriological	373
Samples- Biological	7
Samples- Food and Drugs Formal	82
Samples- Food and Drugs Informal	28
Samples- Water	7
Samples- Feeding Stuffs Formal	12
Samples- Feeding Stuffs Informal	
Samples- Others	47

#### Clean Air Act

Inspections - Dwelling Houses	5
Inspections - Commercial Premises	8
Inspections - Factories	21
Inspections - Others	8
Smoke Observations ( $\frac{1}{2}$ hours)	75
Revisits	523

#### Factories Act

Factories - Power	35
Factories - Non-Power	5
Outworkers	
Revisits	6

#### Port Health

Vessels - Foreign Going	138
Vessels - Coastwise	6
Canal Boats	
Rodent Control	9
Revisits	13

#### Offices, Shops and Railway

##### Premises Act

##### General Inspections

Offices	106
Retail Shops	203
Wholesale/warehouses	15
Catering estabs., canteens	4
Fuel storage depots	
Other visits, revisits	705

#### Miscellaneous

Rodent Control - Dwelling Houses	55
Rodent Control - Business Premises	47
Rodent Control - Others	35
Revisits	48
Pet Animals	1
Pet Animals Revisits	
Animal Boarding Establishments	
Animal Boarding Establishments Revisits	3
Rag Flock Act	
Rag Flock Act Revisits	10
Noise Nuisance	58
Noise Nuisance Revisits	135
Infectious Disease Enquiries	7
Infectious Disease Revisits	24
Others	1916

The following is a summary of the notices served and complied with during 1964 together with outstanding notices complied with:-

	<u>Served</u>	<u>Complied With</u>
<u>Informal</u>		
Public Health Act	157	89
Food and Drugs Act	96	59
Factories - Power	11	4
- Non-Power	2	1
Corporation Act	31	20
Offices, Shops and Railway Premises Act	214	2
<u>Statutory</u>		
Public Health Act	6	10
Corporation Act	29	17

#### HOUSING 1964

#### Orders confirmed during 1964 - Compulsory Purchase and Clearance Orders

<u>Title of Order</u>	<u>Clearance Area Nos.</u>	<u>No. of Houses in Order</u>
Millbrook Street No. 1 C. O.	159	5
Worcester Street No. 2 C. O.	160	3

	Number of Houses	Displaced	
		Persons	Families
<u>HOUSES DEMOLISHED</u>			
<u>In Clearance Areas</u>			
Houses unfit for human habitation	4	19	4
<u>Not in Clearance Areas</u>			
As a result of formal or informal action under Sec. 16 or Sec. 17(1), Housing Act, 1957	-	-	-
Local Authority houses certified unfit by the Medical Officer of Health	-	-	-
<u>UNFIT HOUSES CLOSED</u>			
Under Secs. 16(4), 17(1) and 35(1), Housing Act, 1957.	-	-	-
<u>PARTS OF BUILDINGS CLOSED</u>			
Under Section 18, Housing Act, 1957	-	-	-



UNFIT HOUSES MADE FIT AND HOUSES IN WHICH DEFECTS WERE REMEDIED

(i)	After informal action by Local Authority	..	..	89
(ii)	After formal action under:			
	(a) Public Health Acts	..	..	10
	(b) Sections 9 and 16, Housing Act, 1957	..		-

VERMINOUS PREMISES

Number of houses disinfested	..	..	..	25
------------------------------	----	----	----	----

All disinfestations were carried out with D.D. T. or B.H. C. compounds

OFFENSIVE TRADES

The following Offensive Trades were carried on in the City at the end of the year:

Tripe Boilers	..	..	..	..	1
Tallow and Fat Melters	..	..	..	..	1
Number of Inspections made of the above premises				..	94

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

TABLE A.

<u>Class of premises</u>	<u>Registered during the year</u>	<u>On register at the end of year</u>	<u>Inspected during the year</u>
Offices	314	312	106
Retail shops	512	494	203
Wholesale shops, warehouses	64	64	15
Catering establishments open to the public	71	79	4
Fuel storage depots	5	5	-
Totals	966	954	328

TABLE B

Number of visits of all kinds to registered premises 1033

TABLE C

<u>Class of workplace</u>	<u>Number of persons employed</u>
Offices	3496
Retail shops	3874
Wholesale shops, warehouses	776
Catering establishments open to the public	876
Canteens	75
Fuel storage depots	17
Total	9114
Total Males	4053
Total Females	5061

TABLE D

No exemptions were granted.

TABLE E

No prosecutions were made.

During the general inspections contraventions of the Act were found in 243 premises as follows:-

Contraventions relating to sanitary conveniences	51
" " washing facilities	157
" " cleanliness	42
" " overcrowding	12
" " temperature	11
" " provision of thermometers	133
" " ventilation	16
" " lighting	34
" " drinking water	9
" " accommodation of clothing	28
" " seating	14
" " fencing of machinery	2
" " safety of floors, passages and stairs	41
" " first-aid equipment	177

As the Act only became operative during the year many occupiers of premises had no knowledge of its requirements, and the above contraventions were brought to their attention by informal notices, to give them an opportunity of bringing their premises up to standard.

RODENT CONTROL

	Type of Property				(5)
	Non-Agricultural				Agricultural
	(1) Authority	(2) Dwelling Houses (inc. Council Houses)	(3) All Other (including Business Premises)	(4) Total of Cols.(1) (2) & (3)	
1. No. of properties in Local Authority's District (Notes 1 and 2)	63	20, 127	3, 961	24, 151	5
2. No. of properties inspected as a result of:					
(a) Notification	20	283	82	385	2
(b) Survey under the Act	40	215	61	316	-
(c) Otherwise (i. e. when visited primarily for some other purpose)	3	971	920	1, 894	-
3. No. of properties inspected (in Sec. 2) which were found to be infested by:					
(a) Rats (Major)	30	223	72	325	1
(b) Mice (Minor)	19	140	57	216	1
4. No. of infested properties (in Sec. 3) treated by the L. A.	49	363	126	538	2

FACTORIES ACT, 1961

Part I of the Act

Inspections for purposes of provisions as to health

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
Factories in which Sections 1, 2, 3, 4 and 6 are enforced by the Local Authority	33	5	2	-
Factories not included above in which Section 7 is enforced by the Local Authority	382	41	11	-
Other premises in which Section 7 is enforced by the Local Authority (not including out-workers' premises)	-	-	-	-
TOTAL	415	46	13	-



Cases in which Defects were found

Particulars	Number of Cases in which Defects were found				Number of Cases in which Prosecutions were Instituted
	Found	Remedied	Referred		
			To H. M. Inspector	By H. M. Inspector	
Want of cleanliness (S. 1)	2	-1	-	-2	-
Overcrowding (S. 2)	-	-	-	-	-
Unreasonable temper- ature (S. 3)	-	-	-	-	-
Inadequate ventilation (S. 4)	-	-	-	-	-
Ineffective drainage of floors (S. 6)	-	-	-	-	-
Sanitary Conveniences (S. 7)					
(a) insufficient	1	1	-	1	-
(b) unsuitable or defective	10	3	-	10	-
(c) not separate for the sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to Outwork)	-	-	-	-	-
TOTAL	13	5	-	13	-

OUTWORK

Part VIII of the Act (Sections 110 and 111)

Nature of Work	Section 110			Section III		
	Number of outworkers in August list reqd. by Sect. 110(1)(c)	Number of cases of default in sending lists to the Council	Number of prosecutions for failure to supply lists	Number of instances of work in unwholesome premises	Notices Served	Prosecutions.
Wearing apparel. Making, etc.	2	-	-	-	-	-
Cleaning and Washing	-	-	-	-	-	-
TOTAL	2	-	-	-	-	-

# CARCASES INSPECTED AND CONDEMNED DURING THE YEAR 1964

	Cattle excl. Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed and inspected	17,697	653	454	78,426	51,258
<u>All Diseases Except Tuberculosis</u>					
Whole carcasses condemned	3	12	13	90	83
Carcasses of which some part or organ was condemned	4,547	156	7	5,667	5,936
Percentage of the number inspected affected with disease other than Tuberculosis.	26.8	25.7	4.4	7.3	11.7
<u>Tuberculosis Only</u>					
Whole carcasses condemned	-	-	-	-	2
Carcasses of which some part or organ was condemned	11	-	-	-	632
Percentage of the number inspected affected with Tuberculosis.	0.06	-	-	-	1.25
<u>Cysticercus Bovis Only</u>					
Whole carcasses condemned	-	-	-	-	-
Carcasses of which some part or organ was condemned	20	-	-	-	-
Percentage of the number inspected affected with Cysticercus Bovis	0.11	-	-	-	-

## Disposal of Unsound Food

All unsound meat was disposed of within the City, being converted into fertiliser, etc., by a process of steam sterilisation. All other unsound foods were disposed of by burial on the Corporation's controlled refuse tip.

## Slaughterhouses

Number of Licensed Slaughterhouses in the City	..	..	3
Number of visits to Slaughterhouses for inspection of carcasses	..	..	2,896

## Food Poisoning

Total number of outbreaks	..	..	..	..	-
Number of cases	..	..	..	..	1
Number of deaths	..	..	..	..	Nil
Organisms responsible	..	..	..	..	Not identified
Food involved	..	..	..	..	Not identified

## Prosecutions.

There were no prosecutions during the year, but warning letters were sent in several cases of "Foreign bodies" in foodstuffs.



# SECTION H

## INSPECTION AND SUPERVISION OF FOOD

### Type of Premises

### Number

#### Registered or Licensed Food Premises

Dairies	..	..	..	6
Distributors of Milk	..	..	..	105
Tuberculin Tested Milk - Dealer's Licences	..	..	..	3
Pasteuriser's Licences	..	..	..	2
Dealer's (Pre-packed Milk) Licences	..	..	..	128
Ice-Cream - Manufacturers, Hot Mix	..	..	..	3
" " Soft Mix	..	..	..	3
" " Vendors	..	..	..	277
Preserved Meat	..	..	..	33

#### Other Food Premises

Bakehouses	..	..	..	17
Butchers' Shops	..	..	..	61
Cafes, Restaurants and Canteens	..	..	..	120
Wet and Fried Fish Shops	..	..	..	34
General Food Shops	..	..	..	229
Greengrocers	..	..	..	50
Public Houses	..	..	..	106
Wholesale Premises	..	..	..	24
Food Factories	..	..	..	16
Sweets and Tobacco	..	..	..	64

### The Milk (Special Designation) Regulations, 1960

The results of samples of milk taken under the above Regulations were as follows:-

Designation	Methylene Blue Test		Phosphatase Test		Biological Examn: (Tuberculosis)		Turbidity Test	
	Satis.	Unsatis.	Satis.	Unsatis.	Pos.	Neg.	Pos.	Neg.
Pasteurised	132	-	147	1	-	-	-	-
Sterilised	-	-	-	-	-	-	-	4
Tuberculin Tested (Pasteurised)	4	-	6	-	-	-	-	-
Tuberculin Tested (Raw)	5	-	-	-	-	7	-	-
TOTAL	141	-	153	1	-	7	-	4

### MILK SUPPLIES - BRUCELLA ABORTUS

Number of samples of raw milk examined	7
Number of positive samples found	Nil

### THE LIQUID EGG (PASTEURISATION) REGULATIONS, 1963

Number of egg pasteurising plants in the city	Nil
Number of samples of liquid egg submitted to the Alpha-Amylase test	10
Number of samples found to be satisfactory	10



Food and Drugs Act, 1955

The number of samples taken for analysis during the year was as follows:-

Number Taken	Satisfactory		Unsatisfactory	
	Formal	Informal	Formal	Informal
110	78	25	4	3

Ice Cream

The number of samples taken for analysis during the year was as follows:-

Number Taken	Grade I	Grade II	Grade III	Grade IV
117	113	1	2	1

In addition, 32 samples of Ice Cream (including Sno-creme) were taken for Plate Count and of these 32 were satisfactory. 28 Water Ices were taken for pH Valuation and of these 28 were satisfactory.

SECTION I  
PORT HEALTH

Section I - Staff

No change.

Table A

Address and telephone number of the Medical Officer of Health:-

Health Department, Priory House, Greyfriars, Gloucester.  
Gloucester 24416/7.

Telegraphic Address - Portelth, Gloucester.

Section II - Amount of Shipping Entering the District during the Year

Table B

	Number	Tonnage	Number Inspected		Number of ships reported having had during the voyage infectious disease on board
			By the Medical Officer of Health	By the Port Health Inspector	
Foreign Ports	140	80,864	-	140	-
Coastwise	3,225	321,186	-	8	-
Total	3,365	402,050	-	148	-

Sections III to VIII No change.

Section IX

Table D - Nil.

Sections X and XI No change.

Sections XII - Measures against Rodents in Ships from Foreign Ports.

All ships arriving from foreign ports are inspected by the Port Health Inspector for evidence of rodents.

Ships and warehouses in Gloucester Docks are kept under the supervision of the City Pests Officer.

Bacteriological and pathological examination of rodents is carried out at the Gloucestershire Royal Hospital, Southgate Street.

Table E Rodents destroyed in the year from Foreign Ports - Nil.

Table F

Number of Deratting Certificates issued				Total	Number of Deratting Exemption Certificates Issued	Total Certificates Issued
After Fumigation with		After Trapping	After Poisoning			
H. C. N.	Other Fumigant					
Nil	Nil	Nil	Nil	Nil	21	21

Section XIII - Inspection of Ships for Nuisances

Table G  
Inspections and Notices

Nature and Number of Inspections		Notice served		Result of serving Notice
		Statutory	Others	
British	8	-	-	-
Foreign	140	-	-	-
Total	148	-	-	-



SECTION J  
SCHOOL HEALTH SERVICE  
EDUCATION COMMITTEE

1963/4

Chairman:

Alderman Mrs. M. L. Edwards

Vice-Chairman:

Alderman A. H. George.

Members:

The Mayor (Ex-Officio)

Alderman W. J. Smith

Alderman Mrs. L. R. Langdon

Councillor D. C. Frape

Councillor C. Collins

Councillor V. S. Waters

Councillor A. G. Neal

Councillor Mrs. F. S. Creese

Councillor B. Gale

Councillor Mrs. V. E. Price

Councillor K. A. H. Hyett

Councillor F. H. Gibbs

Councillor W. D. Paterson

Rev. K. F. Evans-Prosser

Rev. Canon M. J. Roche

Rev. A. Wilde

Mr. L. A. Buttling, B. Com..

Mr. F. Stephenson

Mrs. M. Taylor

Mr. B. R. P. Webber

1964/5

Chairman:

Alderman Mrs. M. L. Edwards

Vice-Chairman:

Councillor C. Collins.

Members:

The Mayor (Ex-Officio)

Alderman W. J. Smith

Alderman G. A. H. Matthews

Alderman Mrs. L. R. Langdon

Alderman H. Layton

Alderman K. A. H. Hyett

Councillor Mrs. F. E. Fitch

Councillor V. S. Waters

Councillor A. G. Neal

Councillor Mrs. F. S. Creese

Councillor Mrs. V. E. Price

Councillor F. H. Gibbs

Councillor W. D. Paterson

Councillor P. W. Robinson

Rev. Canon K. F. Evans-Prosser

Rev. Canon M. J. Roche

Rev. T. J. Lander

Mr. L. A. Buttling, B. Com.

Mr. B. R. P. Webber

Mr. F. Stephenson

Mrs. M. Taylor

Madam Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report for the School Health Service for 1964.

The pages that follow set out the statistical information about the School Health Service.

The school population in Gloucester remains high and therefore the numbers of pupils inspected continue to rise despite schemes of selective medical examinations. During the year I pointed out to the Committee that it would be desirable to have a more intensive follow-up of children found at these examinations to depart from the norm in any serious way and I further pointed out that with our present medical staff it would not be possible to do this.

The main preoccupation of the School Health Service nowadays is to discover defects which are likely to have any lasting bearing on a child's educational, emotional and social development, as well as to ensure that medical conditions found are appropriately dealt with.

The presence of a modern and progressive E.S.N. school and the presence of a similar school for physically handicapped and delicate children means that all the children within these categories are able to be catered for, providing the parents are sufficiently enlightened to perceive that such special education is desirable in the interests of the child. Unfortunately, this is not always the case and I think such cases, and one must say they are exceptional, call for great powers of tact and diplomacy both from the Medical Officers and the Education Authorities.

As we turn to other handicaps for which we have no provision within the City I think that the assessments probably are inclined to show a less than actual picture. During the year Mr. Kelsall, the Educational Psychologist, has done much to expose the need for special classes for the maladjusted and this has been the subject of several reports to Committee. No one would say that the existence of such classes meant that no child would need to go to residential school, but the fact that they do not exist might perhaps mean that a child who could still live in his own home would sometimes have to be recommended for a residential establishment.

A good deal of thought has been given in the course of the year to the detection of deaf children and to the possibility of setting up an observation nursery class for such children as well as a partially deaf unit of our own. Looking at the figures, the numbers would seem to justify the setting up of such establishments. Such a nursery observation unit might perhaps be of use also to another group of children who are receiving throughout the country much more attention than previously, namely non-communicating children.

In connection with the deaf child one Health Visitor has been specially trained to carry out audiometric testing in the schools.

I am,

Your obedient Servant

P. T. Register

Principal School Medical Officer.



## Dental Treatment.

### REPORT BY MR. J. P. WILSON, PRINCIPAL SCHOOL DENTAL OFFICER.

#### Periodic Inspections at School.

In the last annual report it was suggested that at the Grammar Schools selective inspection was indicated. When this was passed on to the Headteachers of these schools they immediately agreed to this method. This meant that in 1964 at the three grammar schools inspected the number seen was reduced from 1,442 to 555.

Once again the hope of inspecting all the schools in the City in one calendar year was not fulfilled. This was mainly due to two reasons, viz. a slight reduction in sessional dental officer staff and the loss of several weeks by the Principal School Dental Officer through illness.

Since 1961 the same two officers have been responsible for the dental inspections at school, and it is interesting to note the steady reduction in pupils marked as requiring dental treatment.

	1961	1962	1963	1964
Inspected	4,307	7,747	10,743	8,553
Requiring treatment	3,244	5,689	7,283	5,640
Percentage	76.4	73.4	67.8	66.0

This reduction is due to school entrants showing a better dental condition and more children receiving regular dental treatment either in general practice or through the local authority service.

In addition to the periodic school inspections many children are recalled to the clinic for inspection in either three or six months after the completion of a course of treatment. Others are encouraged to return to ask for a re-inspection at a later date.

#### Treatment.

As there were fewer treatment sessions less pupils were treated, but again there was an increase in the number of fillings done, over 4,000 for the first time. It was gratifying to note that the number of extractions continued to fall. Particularly gratifying is the ratio of second teeth saved to second teeth extracted. In 1960 for every permanent tooth saved one was extracted; in 1961 the proportion was 2:1; in 1962 and 1963 it was  $2\frac{1}{2}$ :1; and in 1964 almost 4:1. It will also be noted from the comparative table on page 85 that there has been an increasing number of first teeth filled. Early extraction of these teeth has in the past often caused irregularities of the second dentition, and when they have been left to fall out themselves caused suffering in other ways.

See Graph II.



### Staffing.

On Good Friday, March 27th, 1964 Mr. F. Gordon Pulford departed this life. He had served this authority as a sessional officer for three years. He was beloved of all the staff and the children whom he treated. One of the old school, he brought with him a dignity and at the same time a zest for life which often expressed itself in hearty laughter. The clinic is the poorer place for his loss, but a better place because he was with us for those three years.

Miss S. J. Williams, the dental auxiliary, left at the end of October to move to London. Miss Anne Abadee, who has replaced Miss Williams, was unable to commence her duties until January 1st, 1965. The Committee had seen fit to appoint a further dental auxiliary as from September, 1964 but no one was available. At the time of writing it is anticipated that Miss Ann E. Jennings will start in September, 1965.

In October Mrs. A. Galling felt it necessary, owing to indifferent health, to resign from her post as part-time dental surgery assistant, which she had held since June 1st, 1950, when the first school dental officer, Mr. Launcelot Machin was in charge. In her time she had performed many tasks and more recently had been restricted to the waiting-room as the volume of work had increased so much. The local authority, the children of Gloucester, and their parents, and the dental staff, past and present, owe much to her devoted service.

The staff on January 1st, 1965 comprised two full-time dental officers, including the principal; six sessional officers, making a total of 3.3 officers against the establishment of 4; one anaesthetist; one dental auxiliary; three full-time dental surgery assistants; three part-time surgery assistants; and one clerk.

In assessing the time devoted to running the local school dental service it must be remembered that four sessions per week are spent in connection with the maternity and child welfare scheme. Since Ivy House was occupied in 1960 the better premises and increased staff have enabled comprehensive treatment to be carried out rather than merely emergency treatment.

### Dental Health Education.

Dental health education is a continual process, and as Mr. J. F. A. Smyth, the Gloucestershire Principal School Dental Officer, has so wisely said "continual dripping wears away the stone." The policy in Gloucester City during the past five years has been based on this principle. Therefore it was gratifying to note a reference to Gloucester in the bi-annual report of the Chief Medical Officer of the Department of Education and Science. The report is entitled, 'The Health of the School Child, 1962-63', and the reference was in the chapter on the School Dental Service, and the section headed 'Dental Health Education.' This section starts by saying "The much wider recognition of the importance of this subject..... was dealt with at some length in the Health of the School Child for 1960-1. Progress in this field has continued..... the following are a few examples illustrative of the best projects of this kind." There follow

three examples, from Essex, Gloucester and Manchester. The paragraph on Gloucester is quoted here in full:-

"In Gloucester City at Coney Hill Junior School apples are sold to the children at mid-morning break. They are sold by two ten or eleven-year old girls ("seniors" in a school of this age range) who are very competent. The apples for sale are graded as Large, price  $1\frac{1}{2}$ d; Medium, price 1d; and Small, price  $\frac{1}{2}$ d. These very reasonable prices are largely possible because of the co-operation of the supplier, a local greengrocer who also manages to secure supplies of apples for the school when they would ordinarily be unobtainable. At the low prices charged there is a ready demand by the children to purchase the apples with their own money. When apples are unobtainable carrots are very popular as an alternative. The Headmaster of Coney Hill, Mr. Dallow, takes a great interest in the apples sale scheme and in dental health measures generally. The younger children at his school all have toothbrushes and tooth paste or dentifrice in their desks at school, which they use, under instruction, after school meals. When a medical officer of the Department visited the school the children produced their toothbrushes and paste (mostly in polythene bags, some in normal sponge bags) from their desks on being requested to show them. There are dental posters about in this school and visual aids are used, the whole school having seen the film "A tooth in time" at morning assembly. Evidently dental health and care are taken seriously here. The selling of biscuits has ceased. The Principal School Dental Officer, Mr. J. P. Wilson, has noticed a marked improvement in oral hygiene and dental health since the introduction of these measures."

Prior to 1964 the main instruction was directed to the primary schools but in 1964 secondary schools were included. Mainly school-leavers were dealt with by the principal dental officer in the following schools - Hatherley Girls, Hatherley Boys, Winifred Cullis, Kingsholm Boys, Central Boys and the Crypt School. The original intention was that the scholars should be asked to stay behind after school hours, but transport difficulties and evening employment precluded this, and instead the final afternoon session was the one most used. At this first of three sessions the film "Where there's a will" was shown. This film by the Oral Hygiene Service, was actually made in a secondary modern mixed school and posters made by scholars for their dental health week were used in it. At the Central Boys Technical High School the whole of the senior section, with several of the staff, saw this film and, as at all the other schools, it was very well received. At the second session colour transparencies made by the dental staff, including some taken in North America by the principal dental officer were shown. The final session, after a brief 'recap', took the form of question and answer.

The underlying theme was based on a leaflet brought back from Canada in 1963 - the Four-leaf clover of dental health.

1. Food - as diet, and as a tooth and mouth cleaner.
2. Oral hygiene - the use of a tooth or mouthbrush, toothpick, or 'swish and swallow.'
3. Regular dental check up and treatment.
4. Prevention by the use of fluorides.



Dental health was stressed in the context of general health with a different approach to girls and boys, viz.

Girls - good looks, allied to matrimony and a career.

Boys - physical fitness, allied to sports and a career.

In the Health of the School Child, 1962-63, already referred to, there was included as Appendix C. 'A draft model scheme for the School Dental Scheme', and in it need for dental health education was emphasized.

2 "... children shall leave school free from dental disease and irregularity, with an understanding of the importance of good natural teeth and zealous in looking after them."

3 "... The service should be designed for routine inspection in schools, routine and emergency treatment in clinics, and dental health education in both."

12 In conjunction with duties of dental hygienists - "... and giving instruction in the care and hygiene of the teeth and mouth."

17 "... Every scheme should include provision for dental health education programmes. All dental staffs should be actively associated with the programmes, and in his responsibility for them, the principal school dental officer should be able to count on the assistance of the health education officer and the help of health visitors, school nurses and the authority's public relations staff.

MOST IMPORTANTLY, HE SHOULD BE ABLE TO ENLIST THE GOODWILL AND HELP OF THE TEACHERS."

#### Experiments.

Human nature is such that anything appearing to be experimental is looked upon with suspicion. The school dental service itself was in this position for very many years, but is well established now even though the future may see a change in its function. Recently the service has been asked to co-operate in the dental auxiliary experiment. A training school at New Cross was opened in 1960 and 60 young ladies began their training. A further 60 have entered each year. The first dental auxiliaries were available after two years in the Autumn of 1962. Although Gloucester had made provision for one to start at the dental clinic in 1962 no one was available and the first appointment was made the following year.

Dental auxiliaries are trained to fill teeth, especially for younger children. They may also do simple extractions and local injections. All this work must be carried out under the strict supervision of a dental surgeon, who must be readily available at a moment's notice. Dental health education forms a considerable part of their duties, and they may only be employed in local authority or hospital services. They are not dental surgeons and it is not intended that they should take the place of dental officers in the establishment. A written report on their work and conduct is submitted every six months to the General Dental Council by the dental officers supervising the dental auxiliaries.

The following remarks are intended in no way to pass judgement



on the experiment and may be classed as mere observations.

The approach to the patients, particularly the very young or very nervous, is excellent.

The standard of work is good and the output varies, but in the main fairly good.

The time involved in supervision is not as great or inconvenient as some would have us suppose.

It would appear therefore that the dental auxiliary has a definite rôle to perform in the local authority scheme, but the number to be employed by each authority is limited. Two would seem to be the maximum for Gloucester unless the boundary is extended. The average output of 55 auxiliaries from the training school at New Cross may seem rather high, but not when the possible wastage due to marriage is taken into account.

Fluoridation of water supplies also suffers from the effect of its appearing to be experimental. Whatever our views are upon correct cultivation and husbandry, and many of us deplore the necessity for such a measure as fluoridation, the following statements will show that the experimental stage has been passed.

In 1892 Sir James Crichton Brown said, 'It is clear that a supply of fluorine ... is essential to the proper formation of the enamel'. This has been echoed recently by Dr. Fredrick J. Stare, who said, 'Fluorine is a nutrient necessary for enamel calcification'.

The relationship between mottled teeth, due to moderately large amounts of fluorides in the water supply, and a reduction in dental caries was established on a sound scientific basis in 1938 by H. Trendly Dean in the U.S.A. Similar observations came from other parts of the world about this decade, viz. notably by T. Masaki in Japan; N. J. Ainsworth in England; and R. Erasquin in Argentina.

When it had been established that one part of fluoride to one million parts of water was the level to prevent decay without mottling the teeth experiments were initiated in 1945 in three areas in N. America, viz. Grand Rapids, Michigan; Brantford, Ontario, and Newburgh, New York. Brantford undertook its study of water fluoridation within its own limited resources and without the benefit of a suitable control city. The Department of National Health and Welfare came to the scientific rescue of the project early in 1948 and began its own parallel and independent studies, using Brantford as the pilot city and Sarnia (no fluoride) and Stratford (natural fluoride) as two controls.

In March 1956 it was able to be stated that ten years study of water fluoridation in the United States and Canada had elevated the hypothesis 'that certain amounts of fluorides are necessary in order that human teeth shall not decay' to the status of a natural law, which Aristotle defined as 'that which has the same authority everywhere, and is independent of opinion'. The safety of fluoridation as a public health measure is beyond question. Brantford's freedom from systemic effects, adverse or otherwise, has been the experience of all cities included in the experiment, such as Grand Rapids, Newburgh

and Sheboygan (Wisconsin). Long term studies have likewise demonstrated that communities with a naturally high and slightly excessive fluorine content in the public water supply enjoy reduced dental caries with complete safety. Further confirmation of this was published in Ontario in 1961 after 15½ years of fluoridation in Brantford.

Not content with results from across the water a five-year study was instituted in the United Kingdom from 1956 to 1961. The three areas of study were in Watford, parts of Anglesey, and Kilmarnock, and similar findings were recorded, confirming those obtained in North America.

Perhaps the most outstanding evidence of the careful investigation before the introduction of fluoridation comes from Illinois, U.S.A. A project was started at Evanston in 1947, and on the completion of 15 years, in 1962, it was announced that an average of 65% reduction in tooth decay was shown by more than 38,000 examinations of children. Early returns on the effects in Evanston resulted in Chicago city council's decision to fluoridate Chicago in 1956, after three years of study and pro and con hearings. This resulted in one of the most thorough explorations ever carried out on the measure - through hearings in 1958 - 60 and testimony estimated at 625,000 words on almost 3,000 pages. The report of a master in chancery who devoted more than 400 hours to the case, established fluoridation's effectiveness, safety, engineering control and constitutionality. This decision has been upheld by the Superior Court and Illinois Supreme Court.

#### Appreciation.

The continued support and encouragement of the responsible committees and their officials; the co-operation of the school staffs; the team-work of the staff at the clinics; and the general attitude of the children and their parents all make the life of the principal school dental officer worthwhile, and he wishes to record this thanks to them all.



Dental Inspection and Treatment carried out by the Authority.

1. Number of pupils inspected by the Authority's Dental Officers:-

	<u>1961</u>	<u>1962</u>	<u>1963</u>	<u>1964</u>
At periodic inspections	4307	7290	10743	8553
As specials	<u>982</u>	<u>712</u>	<u>398</u>	<u>251</u>
	<u>5289</u>	<u>8002</u>	<u>11141</u>	<u>8804</u>
2. Number found to require treatment	4203	6377	7660	5874
3. Number offered treatment	3695	5317	5839	4567
4. Number actually treated	2984	3597	3684	3336
5. Number of attendances made by pupils for treatment including those recorded at 11(h)	<u>7210</u>	<u>8720</u>	<u>9049</u>	<u>8754</u>
6. Half days devoted to - Periodic				
School Inspection	38	61	90	75
Treatment	<u>1046</u>	<u>1372</u>	<u>1506</u>	<u>1343</u>
Total	<u>1084</u>	<u>1433</u>	<u>1596</u>	<u>1418</u>
7. Fillings - Permanent teeth	2831	3588	3745	3643
Temporary teeth	<u>7</u>	<u>96</u>	<u>190</u>	<u>483</u>
Total	<u>2838</u>	<u>3684</u>	<u>3935</u>	<u>4126</u>
8. Number of teeth filled - Permanent				
teeth	2357	3124	3412	3176
Temporary teeth	<u>7</u>	<u>94</u>	<u>179</u>	<u>448</u>
Total	<u>2364</u>	<u>3218</u>	<u>3591</u>	<u>3624</u>
9. Extractions - Permanent teeth	1241	1185	1375	805
Temporary teeth	<u>4442</u>	<u>4538</u>	<u>3050</u>	<u>2504</u>
Total	<u>5683</u>	<u>5723</u>	<u>4425</u>	<u>3309</u>
10. Administration of general anaesthetics for extraction	2878	3015	2538	2045
11. Orthodontics - (a) Cases commenced during the year	38	31	34	35
(b) Cases brought forward from Previous year	11	29	24	35
(c) Cases completed during the year	15	24	22	18
(d) Cases discontinued during the year	4	12	1	6
(e) Pupils treated with appliances	39	31	34	32
(f) Removable appliances fitted	43	44	48	33
(g) Fixed appliances fitted	-	-	-	-
(h) Total attendances	375	298	352	282
12. Number of pupils supplied with artificial teeth	<u>12</u>	<u>14</u>	<u>42</u>	<u>29</u>
13. Other operations - Permanent				
teeth	1651	2035	2433	2150
Temporary teeth	<u>87</u>	<u>536</u>	<u>861</u>	<u>1646</u>
	<u>1738</u>	<u>2571</u>	<u>3294</u>	<u>3796</u>



## STATISTICS

Population of Gloucester	..	..	..	71,650
School Population	..	..	..	13,395

### Distribution of School Population

	<u>No. of Schools</u>	<u>No. on Rolls</u>
Primary Schools ..	30	7,491
Secondary Schools ..	13	5,617
Special Schools ..	2	287

## MEDICAL INSPECTIONS

Details of Special Inspections and Re-Inspections will be found in the Tables which follows:-

### Examination of children for:

Fitness for employment	..	..	177
Ascertainment and educational subnormality	..	..	58

### Examination of candidates for:

Teachers' Training Colleges	..	..	48
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## B. C. G. VACCINATION

### School Children Scheme (Circulars 22/53 and 7/59)

Number skin tested	..	..	909
Number found positive	..	..	144
Number found negative	..	..	765
Number vaccinated	..	..	711

### Students attending Further Education Establishments (Circular 7/59)

Number skin tested	..	..	-
Number found positive	..	..	-
Number found negative	..	..	-
Number vaccinated	..	..	-

## HANDICAPPED CHILDREN

### Longford School.

This is a Special School for educationally subnormal children. Longford has 204 places of which 160 are occupied by City children.

### Oak Bank School.

Total attendance at the end of 1964 was 83 of whom 18 were from outside the City. The City cases are as follows:-

Delicate	..	..	..	10
Physically handicapped	..	..	..	60
Maladjusted	..	..	..	8
Partially sighted	..	..	..	3
Partially hearing	..	..	..	1
Epileptic	..	..	..	1

There were 17 admissions during the year.

This school could, in fact, accommodate a few more pupils, but owing to the heavy nature of the work, 88 is the maximum practical number.

#### Home Teaching.

Three children received home tuition because of their inability to attend any school. The causes of their disability were:-

Educationally subnormal	..	2
Maladjusted	..	1
Physically handicapped	..	1

Home teaching continued also through the year in the Children's Wards of the Gloucestershire Royal Hospital.

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In addition to the foregoing, there must be added handicapped children who attend Residential Schools outside the City.

Schools for the deaf and partially deaf	..	6
Schools for the blind and partially blind	..	-
Delicate children	..	1
Educationally subnormal	..	21
Physically handicapped	..	7
Maladjusted	..	22

PART I - MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED

PRIMARY AND SECONDARY SCHOOLS

Table A - Periodic Medical Inspections

Age groups inspected (by year of birth)	No. of Pupils inspected	Physical Condition of Pupils inspected.		Pupils found to require treatment (excluding dental diseases and infestation with vermin.)		
		Satisfactory	Unsatisfactory	For defective vision (excluding squint)	For any other condition recorded in Part II	Total individual pupils
1960 and later	80	80	-	6	3	9
1959	537	537	-	8	17	25
1958	502	502	-	7	15	22
1957	145	145	-	7	13	20
1956	140	140	-	3	21	24
1955	152	152	-	19	27	46
1954	302	302	-	13	18	31
1953	236	236	-	19	8	27
1952	121	121	-	15	1	16
1951	91	91	-	18	-	18
1950	360	360	-	20	3	23
1949 and earlier	613	613	-	36	6	42
TOTAL	3279	3279	-	171	132	303

Table B - Other Inspections

Number of Special Inspections	..	..	144
Number of Re-Inspections	..	..	3281
Total	..	..	3425

Table C - Infestation with Vermin

Total number of examinations in schools by school nurse or other authorised persons	..	27849
Total number of individual pupils found to be infested		777
Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944)		5
Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944)		-

Table D - Screening tests of vision and hearing.

The vision of entrants is tested by Health Visitors during the first year after entry, and is repeated once in Infants, once in Junior school and then yearly in Senior schools. Boys and girls colour vision is also tested by Health Visitors whilst in the third year age group at Junior School.

Selected pupils undergo audiometric testing by Health Visitors during the first year after entry.



**PART II - DEFECTS FOUND BY MEDICAL INSPECTION DURING  
THE YEAR**

**Table A - Periodic Inspections**

Disease or Defect	Periodic Inspections						Total	
	Entrants		Leavers		Others		Req. Treat	Req. Obsv.
	Req. Treat.	Req. Obsv.	Req. Treat.	Req. Obsv.	Req. Treat.	Req. Obsv.		
Skin	-	29	-	7	-	6	-	42
Eyes - Vision	28	342	98	246	31	105	157	693
Squint	3	7	-	-	1	2	4	9
Other	1	10	-	9	1	5	2	24
Ears - Hearing	5	40	-	2	3	7	8	49
Otitis Media	-	6	-	2	-	-	-	8
Other	-	12	1	1	1	2	2	15
Nose and Throat	13	87	1	16	5	19	19	122
Speech	14	13	-	1	5	2	19	16
Lymphatic Glands	-	1	-	2	-	-	-	3
Heart	-	33	1	8	-	3	1	44
Lungs	-	23	-	6	1	7	1	36
Developmental:								
Hernia	-	23	-	-	-	4	-	27
Other	1	53	-	4	1	4	2	61
Orthopaedic:								
Posture	-	28	-	7	1	4	1	39
Feet	5	33	-	11	2	7	7	51
Other	-	2	-	4	1	-	1	6
Nervous System:								
Epilepsy	-	3	-	2	-	4	-	9
Other	-	-	-	-	-	-	-	-
Psychological:								
Development	2	11	-	1	3	8	5	20
Stability	5	100	3	6	51	47	59	153
Abdomen	-	-	-	-	-	-	-	-
Other	-	35	2	36	3	11	5	82

**Table B - Special Inspections**

Disease or Defect	Special Inspections	
	Requiring Treatment	Requiring Observation
Skin	1	51
Eyes - Vision	252	971
Squint	2	40
Other	3	22
Ears - Hearing	14	15
Otitis Media	1	6
Other	-	9
Nose and Throat	12	134
Speech	23	93
Lymphatic Glands	-	5
Heart	6	100
Lungs	3	47
Developmental - Hernia	1	24
Other	3	74
Orthopaedic - Posture	2	58
Feet	10	67
Other	2	35
Nervous System - Epilepsy	-	19
Other	-	-
Psychological - Development	2	103
Stability	31	218
Abdomen	-	-
Other	15	137

### PART III - TREATMENT OF PUPILS

Table A - Eye Diseases, Defective Vision and Squint

	<u>Number of cases known to have been dealt with</u>
External and other, excluding errors of refraction and squint	6
Errors of refraction (including squint)	<u>72</u>
Total	78
Number of pupils for whom spectacles were prescribed	116

Table B - Diseases and Defects of Ear, Nose and Throat

	<u>Number of cases known to have been dealt with</u>
Received operative treatment:	
(a) for diseases of the ear	26
(b) for adenoids and chronic tonsillitis	157
(c) for other nose and throat conditions	24
Received other forms of treatment	<u>4</u>
	<u>211</u>
Total number of pupils in schools who are known to have been provided with hearing aids:	
(a) in 1964	18
(b) in previous years	27

Table C - Orthopaedic and Postural Defects

	<u>Number of cases known to have been dealt with</u>
Pupils treated at clinics or out-patients departments	35
Pupils treated at school for postural defects	<u>13</u>
	<u>48</u>

Table D - Diseases of the Skin

(excluding uncleanliness, for which see Table D of Part I)

	<u>Number of cases known to have been dealt with</u>
Ringworm (a) Scalp	-
(b) Body	-
Scabies	-
Impetigo	19
Other skin diseases	<u>3</u>
	<u>22</u>

Table E - Child Guidance Treatment

	<u>Number of cases known to have been dealt with</u>
Pupils treated at Child Guidance Clinics	103

Table F - Speech Therapy

	<u>Number of cases known to have been dealt with</u>
Pupils treated by Speech Therapist	94

Table G - Other Treatments Given

	<u>Number of cases known to have been dealt with</u>
Pupils with minor ailments	1463
Pupils who received convalescent treatment under School Health Service arrangements	-
Pupils who received B.C.G. Vaccination	711
Other - Appendix	4
Accidents	39
Hernia	3
Diabetes	4
	<hr/>
Total	<u><u>2224</u></u>



## SCHOOL PSYCHOLOGICAL SERVICE

By the end of the second year of its existence the School Psychological Service is becoming established as part of the pattern of educational and school health services in the City. The School Psychological Service exists in part to clarify the needs of individual children who have any developmental difficulties. Last year it was pointed out that maladjusted children have no educational day provision in this City, and that specialist remedial teachers are not available to help the most intractable learning difficulties. The pressing need for more social workers was also noted. The first two gaps still remain, but the social work situation seems to be easing.

Nearly 500 children have now been assessed in two years and well over half these because some kind of failure in school has been noticed. Much more could be done to diminish the likelihood of failure and mitigate the effects of it. Four of the more obvious steps that could be taken are as follows:

1. Birthdays. The Educational Psychologist sees a disproportionately large number of Spring and Summer born children. These children have shorter infant school careers and are always the younger group in the class. They should deliberately have the scales tipped in their favour.
2. Pre-school Years. Many examined entered school handicapped because of emotional and intellectual impoverishment in the first five years. The pre-school child and his parents need imaginative help.
3. Home-School Communication. Many children seen have their difficulties made worse by the failure of parents and teachers to talk to each other.
4. Record Cards. There is public and professional objection in the City to the keeping and passing on of educational record cards. This prejudice does not exist in respect of health records. The School Psychological Service sees this lack of continuous records as tending to make school failure more likely and worse when it occurs.

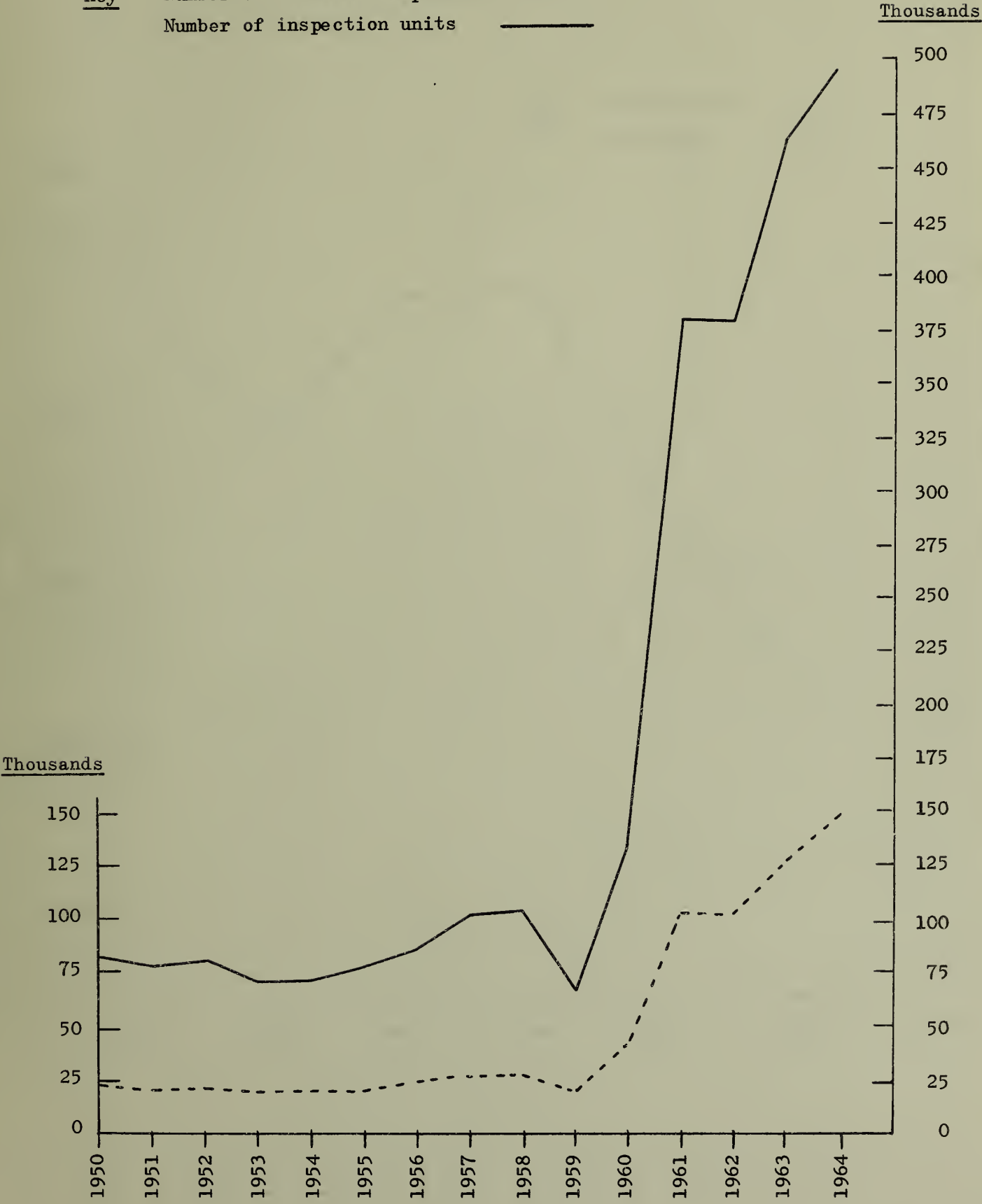
### Figures.

September to February born children seen	89
March to August born children seen	134
Schools attended by children	
Primary	60%
Secondary	18%
Special	12%
Others including pre-school	10%
Residential Schools visited	6



THE INCREASE IN MEAT INSPECTION DUTIES  
OVER THE PERIOD 1950 to 1964

Key      Number of carcasses inspected      \_\_\_\_\_  
             Number of inspection units      \_\_\_\_\_







GRAPH TO ILLUSTRATE COMPARISON  
BETWEEN EXTRACTIONS AND FILLINGS  
1959 to 1964

